

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT#</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  107
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR      FIRST      MI <p style="text-align:center;">Annise</p> <hr/> NICKNAME      LAST      SUFFIX <p style="text-align:center;">Parker</p>	<b>OFFICE USE ONLY</b>  Date Received  Date Hand-delivered to Date Postmarked <div style="text-align:center; border: 1px solid black; padding: 5px; transform: rotate(-15deg);">                     RECEIVED                      JUL 15 2005                      CITY SECRETARY                 </div> Receipt #      Amount  Date Processed  Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P.O. Box 66513    Houston, TX 77266 <input type="checkbox"/> Change of Address		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 713 ) 960-1601		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR      FIRST      MI <p style="text-align:center;">Kathy</p> <hr/> NICKNAME      LAST      SUFFIX <p style="text-align:center;">Hubbard</p>		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 2615 Montrose Blvd      Houston, TX 77006		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION ( 713 ) 522-9000		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month    Day    Year      THROUGH      Month    Day    Year 01 / 01 / 05      06 / 30 / 05		
<b>11 ELECTION</b>	ELECTION DATE Month    Day    Year 11 / 08 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) City Controller	<b>13 OFFICE SOUGHT (if known)</b> City Controller	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>	** 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		
<input type="checkbox"/> additional pages			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

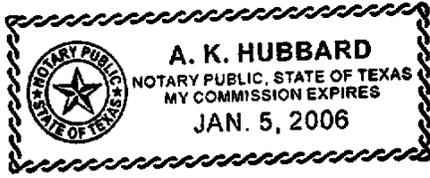
**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Annise Parker	<b>16 ACCOUNT #</b> (Ethics Commission filers)
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<b>17 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. **									
<table border="1" style="width:100%"> <tr> <td style="width:20%"> <b>COMMITTEE TYPE</b>   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC                 </td> <td> <b>COMMITTEE NAME</b> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE ADDRESS</b> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE CAMPAIGN TREASURER NAME</b> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> </td> </tr> </table>	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>		<b>COMMITTEE ADDRESS</b>		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>								
		<b>COMMITTEE ADDRESS</b>								
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>								
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>									

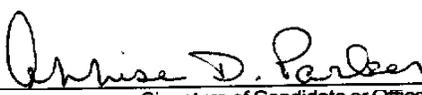
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 152,524.31
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 31,673.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 102,538.03
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**

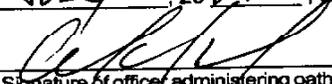


AFFIX NOTARY STAMP / SEAL ABOVE

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said Annise D Parker, this the 9 day of July, 2005, to certify which, witness my hand and seal of office.

  
 Signature of officer administering oath

A K HUBBARD

 Printed name of officer administering oath

Notary Public

 Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Brooks Ballard**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):  
**Office Space**6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77027**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Thomas L Seymour**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77008**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Adrian Neil Havens**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77030**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Pamela K. Ingersoll**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Baytown, TX 77521**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Edward R. Allen III, Ph.D.**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77057**

9 Principal occupation \ Job title (See Instructions)

10 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  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Peter H. Brown FAIA</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77005-			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Paul H. Asofsky</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77005-			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ralph Coryell Frates Jr.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77005-3360			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jay L. Moore Jr</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77007			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Nancy T. Beren Esquire</b>	7 Amount of contribution (\$): <b>\$170.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77030-3101			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Andrews &amp; Kurth Texas PAC</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jack G. Jackson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-6036</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>John H. Crooker Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77027</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Artie Lee Hinds</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77056</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jack Drake</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77060-</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cathryn Rodd Selman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Daniel C. Arnold</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-6707</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Scott J. Atlas</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77096-2501</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/4/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kathryn L. E. Rabinow</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/4/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Robert L Zinn**

7 Amount of contribution (\$):  
**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77005-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Imogen S Papadopoulos**

7 Amount of contribution (\$):  
**\$500.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77024-7714**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**L. Kelly Freis**

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77056-2329**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Locke Liddell & Sapp LLP**

7 Amount of contribution (\$):  
**\$5,000.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77002-3095**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/4/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Peggy Smith**

7 Amount of contribution (\$):  
**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/10/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Erik Brett Walker</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>George M. Nevers</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-5252</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Elizabeth G. Wolff</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77057-3403</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Carolyn G. Truesdell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James W. Ewing</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ronald B. Rea PhD</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77257-1085</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Steven A Jarvis</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77079</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kathryn A. Elek</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-2266</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>David J. Leal</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lorraine Wulfe</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jenard M. Gross</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Stuart A. Shapiro M.D.</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-6313</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>M. Sandra Scurria M.D.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-4122</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Richard Lee Jennings</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/11/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>A. Ann Alexander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/11/2005**5 Full Name of Contributor:  
**Sarah A. Peterson** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77025**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/11/2005**5 Full Name of Contributor:  
**Dorothy M. Willis M.D.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Bellaire, TX 77401**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/11/2005**5 Full Name of Contributor:  
**John S.W. Kellett** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$2,500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED], **Houston, TX 77006-4325**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/13/2005**5 Full Name of Contributor:  
**Ben Whittle** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$2,539.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77007-7445****Printing**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/13/2005**5 Full Name of Contributor:  
**Amber Batson** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77009**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/13/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Teresa Coleman</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-1938</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>John K. Spear AIA</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Phillippa Wiley</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Truman C. Edminster III, P.E.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Tim Herron</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Spring, TX 77381</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A  
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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lawrence Kagan</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ <b>Houston, TX 77096</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ned S Holmes</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ <b>Houston, TX 77007-5841</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kelly Gale Amen</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ <b>Houston, TX 77266-6447</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Wilhelmina E. Robertson</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ <b>Houston, TX 77002</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jewel E. Day D.D.S.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ <b>Sugar Land, TX 77478</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>J. Kent Friedman</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77024-040</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James A Elkins Jr.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Edward William Barnett Sr</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-4098</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Elena M. Marks</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mark Parthie</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-7618</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/16/2005**5 Full Name of Contributor:  
**Sanford W. Criner Jr.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77002-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/16/2005**5 Full Name of Contributor:  
**Robert R. Randolph Esq.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77005**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/16/2005**5 Full Name of Contributor:  
**Paula S. Arnold** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019-3823**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/17/2005**5 Full Name of Contributor:  
**Teresa Coleman** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$119.50**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019-1938**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/18/2005**5 Full Name of Contributor:  
**Brenda J. Peters** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77004**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

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1 Total pages this schedule A: **74**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/20/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Pamela R. Parks**

7 Amount of contribution (\$):  
**\$700.00**

8 In kind contribution (if applicable):  
**Website design**

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/22/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**David M. Minberg**

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77046**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/22/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**John E. Walsh Jr.**

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019-3823**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/22/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**David G. Puckett AIA**

7 Amount of contribution (\$):  
**\$1,000.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77024-7010**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**3/22/2005**

5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Alan Helfman**

7 Amount of contribution (\$):  
**\$150.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77024**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William J. Smith Jr</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77008-6803</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael Zilkha</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77002</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Stuart Kane</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77092-1509</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Daryl L. Moore</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77009-6604</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>C. Patrick McIlvain</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77007-8113</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert E. Bliss</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77006		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gilbert A. Garcia</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77025-2516		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Karen Ostrum George</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77005		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Janiece M. Longoria</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77002-2720		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Linda J. Broocks Esq.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77002-		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A  
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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael Shane McCardell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77019-</b>		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charles E. Armstrong</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77006-6560</b>		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Virginia L. Mithoff</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77019</b>		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Williams, Birnberg &amp; Anderson, LLP</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77074-2284</b>		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Continental Airlines Inc. Employee Fund for a Bett</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77002-</b>		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Toby Dixon Atkinson</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77266-6189</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James E. Harvey</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77009</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael V. Bodin</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77023-1146</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Andrew A. Schatte</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Roy Neal Tannahill</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-6193</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kenneth J. Bohan</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77019-6003</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Marion Kay Saunders</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77025-1330</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James A. Binkley</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77008-3189</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Bonnie D. Huval</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77006-4416</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sharon S. Peterson D.D.S.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, <b>Houston, TX 77082-2422</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Bert H. Golding</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77063-1118		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mattison Grey</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77270		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Edmond D. Wulfe</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77046-		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Arthur Louis Schechter</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77006		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/22/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Terry L. Huffington</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77210		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**3/25/2005**

5 Full Name of Contributor:

 out of state PAC (ID#: \_\_\_\_\_)**Fulbright & Jaworski L.L.P. Texas Committee**

7 Amount of contribution (\$):

**\$5,000.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77010-3095

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**3/25/2005**

5 Full Name of Contributor:

 out of state PAC (ID#: \_\_\_\_\_)**Faith Marshall**

7 Amount of contribution (\$):

**\$25.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77096-2617

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**3/25/2005**

5 Full Name of Contributor:

 out of state PAC (ID#: \_\_\_\_\_)**Audrey Lawson**

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77021-2249

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**3/25/2005**

5 Full Name of Contributor:

 out of state PAC (ID#: \_\_\_\_\_)**Eleanor Tinsley**

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Houston, TX 77046-1505

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**3/25/2005**

5 Full Name of Contributor:

 out of state PAC (ID#: \_\_\_\_\_)**Maribel S. Allport TTEE**

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Bellaire, TX 77401

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James Dale Lehman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77077</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Harriet Calvin Latimer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77027-</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Eugene Philip Cannon</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Frances R Brotzen</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Elizabeth S. Kaled</b>	7 Amount of contribution (\$): <b>\$750.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-4315</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cassie Belle Stinson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gary Teixeira</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-8347</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Patty Albers</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77077</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>J. H. Jones II</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-6424</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Plumbers Local Union No. 68 PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77249-8746</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Deborah Kaye Holmes</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77088-1428		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michele J. Sabino</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77023		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert R. Onstead</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77002-		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Brian T. Stephens</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77219-0722		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert Cornelius Ryan</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77005-1339		

9 Principal occupation \ Job title (See Instructions)      10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Moore &amp; Hunt - Attorneys at Law</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77230-0788		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lorraine Brown</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Dr, Houston, TX 77096-2511		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Susan K. Russ</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 770254524		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Doug Weigle</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ned S Holmes</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-5841		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>David E. Fawcett</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-1111</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Carlos L. Guerguin</b>	7 Amount of contribution (\$): <b>\$15.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Galveston, TX 77550</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>3/25/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Rudolf H. Dietter</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-4407</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jill R. Houck</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77096</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charles C. Foster</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-3094</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Karen Nelson Thomas PLLC</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>R. Monty McDannald Jr.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Paul E Sumrall</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-3907</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mary E. Whitworth</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-1824</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert C. Reeves Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Alejandro Morua</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-1754</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jeff E. Ross Sr., PE</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>John W. H. Chiang</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-3211</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sofia Adrogué Gustafson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Varinder P. Bobby Singh</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77054</b>		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Herbert B. Rothschild Jr.**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77007-1644**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Joseph Bradley Nagar**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston; TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Ellen R. Cohen**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77096-2911**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Katherine A. Caldwell**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77266-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/1/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Claude Rennie Glover**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77009**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Matthew T. Soileau</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77008</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jerry A. Wood</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77098</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Marion S. Friedman</b>	7 Amount of contribution (\$): <b>\$125.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77025</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kay D. Parker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED] Charleston, SC 29414</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Hally B. Walker Poindexter</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77042-1303</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Dalton Claude Dehart</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-5343</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jeanne McIntyre Gillen</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056-4016</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Steven P. Catanich</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77018</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>D. Wayne Klotz PE</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77079</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Pamela D. Holder</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77040-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Julia Wolf</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008-2415</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Preston Moore Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77057</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Alma Y. West</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77055-1401</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cheryl L. Dotson</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Missouri City, TX 77459-1712</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Larry Berkman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056-</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert R. Fretz Jr</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77096</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Brooks Ballard</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable): <b>Office Space</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kaye S. Horn</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ralph C. Lasher</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-8398</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cynthia D. Edmiston</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77030-1915</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Virginia L. Mithoff</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Howard W. Home Jr.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Stephanie O Cooper</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mark Myers Udden</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cheryl A. Schoonover</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Spring, TX 77389</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Irene Blake Weissner</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-5655</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Raymond R. Betz Interests</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77067</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Landry's Restaurants PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-9505</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>CDMPAC</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Burney &amp; Foreman, Attorneys-At-Law</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Peter H. Brown FAIA</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Matilda B. Melnick</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77024-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Linda J. Kane</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77057</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Helen F. Hough</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77088-6704</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William S. Gilmer MD</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Anna Louise Bruner</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77030-4218</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Shelley L. Kennedy</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77018</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael Y. Chou</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sally Elizabeth Andrews</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Shellye Arnold</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77018</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annis Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Vinson &amp; Elkins Texas Political Action Committee</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-6760</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Aubrey B Calvin</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77208-1586</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Turner Collie &amp; Braden PAC</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77219-0089</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>LAN-PAC</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77042-</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Bracewell &amp; Patterson, LLP</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-2781</b>		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Linebarger Goggan Blair, &amp; Sampson, LLP</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>The Woodlands, TX 77380</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Nancy L. Lerner</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77024</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Elda Lane Coco</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Centerpoint Energy, Inc. PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>TX 77210-4567</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/7/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jeff Soref</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>New York, NY 10003</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/7/2005**

5 Full Name of Contributor:  
**Patricia K. Joiner**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$):  
**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77024-1820

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/7/2005**

5 Full Name of Contributor:  
**Houston Council of Engineering Companies**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$):  
**\$1,500.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/7/2005**

5 Full Name of Contributor:  
**Laurie Ann McRay**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/7/2005**

5 Full Name of Contributor:  
**Susan Clayton Garwood**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/7/2005**

5 Full Name of Contributor:  
**Laurie Maxfield Glaze**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$):  
**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Joseph Mark Cibor PE</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77274</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mary Martha Hall RN</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77035-3725</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sue Smith Schechter</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jerry Milton Blum</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Home-PAC (Greater Houston Bldrs Assoc)</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77064-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Leticia M. Turner</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77091</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Parke Patterson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Rudolph H. Bruhns</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77009</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Janice L. Flowers</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77265-5201</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/12/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>George P. Mitchell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>The Woodlands, TX 77380</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**4/12/2005**

5 Full Name of Contributor:

**Scott P. Howard** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77019-3704**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**4/12/2005**

5 Full Name of Contributor:

**Paul M. Frison** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77056**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**4/12/2005**

5 Full Name of Contributor:

**Charles W. Mayfield Jr.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77023**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**4/12/2005**

5 Full Name of Contributor:

**Richard J. Campo** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$5,000.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77005**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**4/18/2005**

5 Full Name of Contributor:

**William E. Colburn** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77006-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/18/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James F. Kovach</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Catherine Hevrdejs</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77024</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Catherine A. Swilley</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mary Ann Grant</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77071</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Judith Lyn Wallace</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lawrence Marshall</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77288</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Walter Max Mischer Sr.</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008-1089</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ann C. Dunagan</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Tulsa, OK 74135</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Daniel Pritchett</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Adriene Randle Bond</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charlene Lea Smith</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77292-5123</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gerald M. Brady</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77291-1092</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Melanie Gray</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James C. Box</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77241</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>4/20/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Evelyn B. Shanley</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008-3407</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**4/20/2005**5 Full Name of Contributor:  
**John A. Van De Wiele** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77042-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/28/2005**5 Full Name of Contributor:  
**Chuck A. Wolfe** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Washington, DC 20036**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**4/28/2005**5 Full Name of Contributor:  
**Ruben Ortiz** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77008**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/1/2005**5 Full Name of Contributor:  
**Brooks Ballard** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77027****Office Space**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/5/2005**5 Full Name of Contributor:  
**Michael Hagey** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$443.10**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019-6523****Event Expenses**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/5/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ronald Kennedy</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Morristown, NJ 07960</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/5/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael Shane McCardell</b>	7 Amount of contribution (\$): <b>\$443.11</b>	8 In kind contribution (if applicable): <b>Event Expenses</b>
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Paul J. Dixon</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Miles D. Glaspy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-4803</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charlie B Finch Jr, PhD</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Fiona Goodman Dawson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 77015		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sean M. Hawkins</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charles B. Krenzler</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77219-1055		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Dennis E Brackeen</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77256		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Aaron K Sonnier</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Thompson Ray Bogert** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77019-3424

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**George O Jacobs** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77009

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**John Allen Hathcote** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Hans-Willi Rotheudt** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Gary R. Bristow** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$200.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5/9/2005**

5 Full Name of Contributor:

**James A Drexler** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77063**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Meredith Lynn Johnson** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77008-6804**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Kim A Icenhower** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Sugar Land, TX 77479**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**John William Parker Jr.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Galveston, TX 775505019**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/9/2005**

5 Full Name of Contributor:

**Robert William Peterson** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Georgiana Stanley</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>George Marshall Worthington</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William H. Lee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-5618</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Sean Reilly</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Patricia Gandy</b>	7 Amount of contribution (\$): <b>\$60.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-4544</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>E. Balley Moore Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025-3603</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Barbara Christley</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Crosby, TX 77532</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mark S. Medwedeff</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-6526</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Louis S. Sklar</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056-</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Rodrick Barongi</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, tx 77027</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cecile S. Keeper</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77098			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gallagher Law Firm, The</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77002			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Garnet F. Coleman Campaign</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77288			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/27/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert C. Lanier</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77002			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>5/27/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael M. Fowler</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], Houston, TX 77006			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5/27/2005**5 Full Name of Contributor:  
**Edward Moss** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77019

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/27/2005**5 Full Name of Contributor:  
**Anthony Joseph Bianchi** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$75.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] Houston, TX 77266

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/27/2005**5 Full Name of Contributor:  
**Shaun Case** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$10.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] Nevada City, CA 95959

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/27/2005**5 Full Name of Contributor:  
**Kurt P. Haas** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] Atlanta, GA 30316

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**5/27/2005**5 Full Name of Contributor:  
**Julie Moncur** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] Clear Lake Shores, TX 77565

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A: **74**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**5/27/2005**

5 Full Name of Contributor:

**Elizabeth Ann Kennedy** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77098**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/27/2005**

5 Full Name of Contributor:

**Victoria E. Mournian** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77009**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/27/2005**

5 Full Name of Contributor:

**C. Mike Garver** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77061**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/27/2005**

5 Full Name of Contributor:

**James A Elkins Jr.** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77002**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**5/27/2005**

5 Full Name of Contributor:

**Hollie M. Stanley Jr** out of state PAC (ID#: \_\_\_\_\_)7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

**Houston, TX 77081-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/1/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Brooks Ballard</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable): <b>Office Space</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Andrew J Brickell</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77079</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Pamela M. Bass MA</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77054-2026</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lester H. Sorsby Jr.</b>	7 Amount of contribution (\$): <b>\$3,312.60</b>	8 In kind contribution (if applicable): <b>Event Expenses</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX. 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Marguerite Kelly</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/9/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Sydnee White**7 Amount of  
contribution (\$):  
**\$120.00**8 In kind  
contribution  
(if applicable):  
**Invitations**6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77008**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/9/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**John L. Nau III**7 Amount of  
contribution (\$):  
**\$2,500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77252-2743**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/9/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Lorraine Altimore**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77024**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/9/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Halliburton Company PAC**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Washington, DC 22036**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/9/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Yvonne A. Meyer**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77019**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Zena L Taylor</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77096</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Nancy Rust</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-2653</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Susan A. Lieberman</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William P Irwin</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77024</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/9/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Keith Clark</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/14/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Phillippa Wiley</b>	7 Amount of contribution (\$): <b>\$1,237.00</b>	8 In kind contribution (if applicable): <b>Event Expenses</b>
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77004</b>		9 Principal occupation \ Job title (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/16/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Karen Nazir</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>		9 Principal occupation \ Job title (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Steve A Raben</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002</b>		9 Principal occupation \ Job title (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Grace Ann Saragusa</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>		9 Principal occupation \ Job title (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Nicholas J Aschliman</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005</b>		9 Principal occupation \ Job title (See Instructions)	
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The instruction Guide explains how to complete this form.

1 Total pages this schedule A: **74**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/17/2005**

5 Full Name of Contributor:  
**Lois D. Meyer**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of  
contribution (\$):  
**\$25.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77056**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**

5 Full Name of Contributor:  
**Mary Ann Stewart**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of  
contribution (\$):  
**\$25.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77057**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**

5 Full Name of Contributor:  
**Susan Raffle**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of  
contribution (\$):  
**\$50.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**

5 Full Name of Contributor:  
**Kecia Bullock**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77092**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**

5 Full Name of Contributor:  
**Christy Ann Hext**

out of state PAC (ID#: \_\_\_\_\_)

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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## SCHEDULE A (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Suzanne R. Robertson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Marian B. Wendelin</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Doris Hawila</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jo S Reid</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Kevin P. Gilliard</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>TX 77027</b>		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Mary Galligan</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77035</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Susanne Devich</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Larry Huelbig</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77042</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Carole Huelbig</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77042</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Bill Hammons</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77035</b>		

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

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**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Diane K Pray</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gary Teixeira</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007-8347</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert Boyce</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77092</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Harriet Calvin Latimer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Reagan S Redman</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77055</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A: **74**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/17/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Scott Nettles**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77008**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**John Tryon Robinson**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77002-8101**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Sandra Clough**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77036**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**David I. Saperstein**7 Amount of  
contribution (\$):  
**\$2,500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77056-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**6/17/2005**5 Full Name of Contributor:  out of state PAC (ID#: \_\_\_\_\_)  
**Kay Lentz**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX 77008-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Elaine Claire Decanio</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED], <b>Houston, TX 77063-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Charles E. Armstrong</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-6560</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>P. Monte Frost</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James F. Kovach</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77007</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James S Sikorski</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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<b>POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS</b>	<b>SCHEDULE A</b> (FOR FORMS C/OH and SPAC)
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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Wayne C Lapham</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Pete Joseph Sharpe</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027-5530</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Stephen Longmire MD</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Lynda G. Daniel</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gail Schorre</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>James D. Dannenbaum P.E.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77227-2292</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>H. Joe Nelson III</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77006-6321</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Douglas J Hord</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77006</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Tammy Cheri Manning</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77006-4602</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Carlos Anthony Reyes Jr.</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED] Houston, TX 77008-4212</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Michael Shane McCardell</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/17/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William H. Lee</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-5618</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Hemachandra Prasad Kolluru PE</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77074</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Scott J. Atlas</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Robert L Zinn</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77005-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Uptown Houston Political Action Committee</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>TREPAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Austin TX 78757-1986</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>J David Heaney</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Catherine A. Swilley</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Winstead Sechrest &amp; Minick, P.C. PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77002-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Janine M. Brunjes RN, MA</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Carolyn G. Truesdell</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77056-			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Edward A. Kopnitz</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Bonnie D. Huval</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4416			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Gerald E. Wilson</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77094-			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Terry T. Hershey</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX. 77024-5722</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jackson Hicks</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>William R Tucker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77266</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Deanna Pena-Garcia</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77025</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Alan J. Hurwitz M.D.</b>	7 Amount of contribution (\$): <b>\$3,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77006-3801</b>			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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<b>POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS</b>	<b>SCHEDULE A</b> (FOR FORMS C/OH and SPAC)
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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A: <b>74</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>El Matha Wilder</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77027</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Grant J. Harvey</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77008</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Artie Lee Hinds</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77056</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Cecil C. Conner Jr.</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ruby Carla Thompson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77077</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: <b>74</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Jeanette A. Rash</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77020-</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Ronald F. Bradshaw</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77098-2808</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>John L. Hamilton</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Houston, TX 77019</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>6/30/2005</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#: _____) <b>Walter Wainwright</b>	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] <b>Sugar Land, TX 77406-6550</b>			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A Report Total: **\$152,524.31**

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 2/1/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)  <b>\$375.00</b>
	Payee address City; State; Zip Code <b>9829 Bassoon Houston TX 77025</b>	

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/2/2005	Payee Name <b>Nextel</b>	Amount (\$)  <b>\$54.50</b>
	Payee address City; State; Zip Code <b>2001 Edmund Halley Drive Reston VA 20191</b>	

Purpose of payment (See instructions regarding type of information required) <b>Cell Phone</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/11/2005	Payee Name <b>Dell Inc.</b>	Amount (\$)  <b>\$667.92</b>
	Payee address City; State; Zip Code <b>One Way Dell, Mail Stop 8129 Round Rock TX 78682</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Equipment</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 2/15/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)  <b>\$750.00</b>
	Payee address City; State; Zip Code <b>9829 Bassoon Houston TX 77025</b>	

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 2/15/2005	Payee Name <b>Office Depot</b>				Amount (\$)  <b>\$10.15</b>
	Payee address <b>3443 Kirby Drive</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77098</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 2/16/2005	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$500.00</b>
	Payee address <b>1708 Broderick</b>	City; <b>San Francisco</b>	State; <b>CA</b>	Zip Code <b>94115</b>	

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 2/17/2005	Payee Name <b>Office Depot</b>				Amount (\$)  <b>\$40.76</b>
	Payee address <b>5134 Richmond Ave</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77059</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 2/17/2005	Payee Name <b>Office Depot</b>				Amount (\$)  <b>\$25.66</b>
	Payee address <b>5134 Richmond Ave</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77059</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 2/22/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 5134 Richmond Ave Houston TX 77059	\$12.74

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/23/2005	Payee Name US Postal Service	Amount (\$)
	Payee address City; State; Zip Code Astrodome Houston TX 77025	\$185.00

Purpose of payment (See instructions regarding type of information required) Postage	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/23/2005	Payee Name Monarch Printing Company	Amount (\$)
	Payee address City; State; Zip Code 6605 McGrew St Houston TX 77087	\$1,149.07

Purpose of payment (See instructions regarding type of information required) Printing	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 2/25/2005	Payee Name Walgreens	Amount (\$)
	Payee address City; State; Zip Code 3900 Westheimer Houston TX 77027	\$2.85

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 2/28/2005	Payee Name Staples				Amount (\$)
	Payee address	City;	State;	Zip Code	
	70 Community Avenue	Plainfield	CT	06374	\$10.63

Purpose of payment (See instructions regarding type of information required)  
 Office Supplies

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

Date 3/1/2005	Payee Name Cingular Wireless				Amount (\$)
	Payee address	City;	State;	Zip Code	
	P.O. Box 650574	Dallas	TX	75265-0574	\$69.83

Purpose of payment (See instructions regarding type of information required)  
 Cell Phone

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

Date 3/1/2005	Payee Name Cingular Wireless				Amount (\$)
	Payee address	City;	State;	Zip Code	
	P.O. Box 650574	Dallas	TX	75265-0574	\$41.44

Purpose of payment (See instructions regarding type of information required)  
 Cell Phone

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

Date 3/1/2005	Payee Name Cingular Wireless				Amount (\$)
	Payee address	City;	State;	Zip Code	
	P.O. Box 650574	Dallas	TX	75265-0574	\$32.47

Purpose of payment (See instructions regarding type of information required)  
 Cell Phone

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

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/1/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 9829 Bassoon Houston TX 77025	\$750.00

Purpose of payment (See instructions regarding type of information required) Consulting	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/1/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$224.20

Purpose of payment (See instructions regarding type of information required) Reimb-Fax Services	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/7/2005	Payee Name Office Max	Amount (\$)
	Payee address City; State; Zip Code Store #441, Suite A Houston TX 77043	\$18.17

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/9/2005	Payee Name Elena Guajardo Campaign	Amount (\$)
	Payee address City; State; Zip Code PO Box 29301 San Antonio TX 78229	\$250.00

Purpose of payment (See instructions regarding type of information required) Contribution	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/9/2005	Payee Name <b>EMILY's List Federal PAC</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 1120 Connecticut Avenue NW, Washington DC 20036 Suite 1100	\$1,000.00

Purpose of payment (See instructions regarding type of information required)  <b>Contribution</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date 3/9/2005	Payee Name <b>Nextel</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 2001 Edmund Halley Drive Reston VA 20191	\$51.15

Purpose of payment (See instructions regarding type of information required)  <b>Cell Phone</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	---

Date 3/9/2005	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 1708 Broderick San Francisco CA 94115	\$500.00

Purpose of payment (See instructions regarding type of information required)  <b>Consulting</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date 3/9/2005	Payee Name <b>PayPal</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 45950 Omaha NE 98145-0950	\$29.30

Purpose of payment (See instructions regarding type of information required)  <b>Processing Fee</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/9/2005	Payee Name Office Max				Amount (\$)
	Payee address	City;	State;	Zip Code	\$5.78
	270 Meyerland Plaza	Houston	TX	77096	

Purpose of payment (See instructions regarding type of information required) Office Supplies	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/10/2005	Payee Name PayPal				Amount (\$)
	Payee address	City;	State;	Zip Code	\$0.59
	P.O. Box 45950	Omaha	NE	98145-0950	

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/10/2005	Payee Name US Postal Service				Amount (\$)
	Payee address	City;	State;	Zip Code	\$666.00
	Julius Melcher Location	Houston	TX	77027	

Purpose of payment (See instructions regarding type of information required) Postage	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/13/2005	Payee Name PayPal				Amount (\$)
	Payee address	City;	State;	Zip Code	\$7.55
	P.O. Box 45950	Omaha	NE	98145-0950	

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/13/2005	Payee Name Office Depot				Amount (\$)  \$86.34
	Payee address 5134 Richmond Avenue	City; Houston	State; TX	Zip Code 77059	

Purpose of payment (See instructions regarding type of information required)  Kickoff Invitation Insert	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/13/2005	Payee Name Office Depot				Amount (\$)  \$5.39
	Payee address 5134 Richmond Avenue	City; Houston	State; TX	Zip Code 77059	

Purpose of payment (See instructions regarding type of information required)  Office Supplies	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/15/2005	Payee Name Deluxe Check				Amount (\$)  \$6.75
	Payee address 1005 Gramoie Rd	City; Shoreview	State; MN	Zip Code 55126	

Purpose of payment (See instructions regarding type of information required)  Office Supplies	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

Date 3/15/2005	Payee Name Amanda Scott				Amount (\$)  \$750.00
	Payee address 9829 Bassoon	City; Houston	State; TX	Zip Code 77025	

Purpose of payment (See instructions regarding type of information required)  Consulting	** Complete if direct expenditures to benefit C/OH **		
	Candidate / Officeholder name	Office sought	Office held

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/16/2005	Payee Name SBC	Amount (\$)
	Payee address City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701	\$316.27

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

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

Date 3/16/2005	Payee Name Premier Paging & Wireless	Amount (\$)
	Payee address City; State; Zip Code 12220 Murphy Road Stafford TX 77002	\$188.33

Purpose of payment (See instructions regarding type of information required)  
 Cell Phone

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

Date 3/16/2005	Payee Name Office Depot	Amount (\$)
	Payee address City; State; Zip Code 5134 Richmond Avenue Houston TX 77059	\$32.57

Purpose of payment (See instructions regarding type of information required)  
 Office Supplies

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

Date 3/17/2005	Payee Name PayPal	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 45950 Omaha NE 98145-0950	\$3.77

Purpose of payment (See instructions regarding type of information required)  
 Processing Fee

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

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 3/17/2005	Payee Name Grant Martin Consulting				Amount (\$)
	Payee address	City;	State;	Zip Code	\$222.30
	1708 Broderick Street	San Francisco	CA	94115	

Purpose of payment (See instructions regarding type of information required) Reimb-Fax Services	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 3/22/2005	Payee Name PayPal				Amount (\$)
	Payee address	City;	State;	Zip Code	\$29.30
	P.O. Box 45950	Omaha	NE	98145-0950	

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 3/22/2005	Payee Name PayPal				Amount (\$)
	Payee address	City;	State;	Zip Code	\$1.03
	P.O. Box 45950	Omaha	NE	98145-0950	

Purpose of payment (See instructions regarding type of information required) Processing Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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Date 3/29/2005	Payee Name Grant Martin Consulting				Amount (\$)
	Payee address	City;	State;	Zip Code	\$202.56
	1708 Broderick Street	San Francisco	CA	94115	

Purpose of payment (See instructions regarding type of information required) Reimb-Fax Services	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/1/2005	Payee Name Grant Martin Consulting				Amount (\$) \$500.00
	Payee address 1708 Broderick Street	City; San Francisco	State; CA	Zip Code 94115	

Purpose of payment (See instructions regarding type of information required) Consulting	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 4/1/2005	Payee Name Network Solutions				Amount (\$) \$20.00
	Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	

Purpose of payment (See instructions regarding type of information required) Web site expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 4/1/2005	Payee Name Cooler Email				Amount (\$) \$40.00
	Payee address 6531 Westgate	City; Dallas	State; TX	Zip Code 75254	

Purpose of payment (See instructions regarding type of information required) Email Service	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 4/1/2005	Payee Name Network Solutions				Amount (\$) \$119.50
	Payee address 10 Azalea Drive	City; Drums	State; PA	Zip Code 18222	

Purpose of payment (See instructions regarding type of information required) Web site expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/1/2005	Payee Name <b>Amanda Scott</b>				Amount (\$)  <b>\$750.00</b>
	Payee address <b>9829 Bassoon</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77025</b>	

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 4/5/2005	Payee Name <b>Four Seasons Hotel</b>				Amount (\$)  <b>\$2,906.92</b>
	Payee address <b>1300 Lamar Street</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77010</b>	

Purpose of payment (See instructions regarding type of information required) <b>Event Catering</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 4/5/2005	Payee Name <b>US Postal Service</b>				Amount (\$)  <b>\$37.00</b>
	Payee address <b>Julius Melcher Location</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77027</b>	

Purpose of payment (See instructions regarding type of information required) <b>Postage</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 4/6/2005	Payee Name <b>Office Depot</b>				Amount (\$)  <b>\$23.84</b>
	Payee address <b>5134 Richmond Avenue</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77059</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/7/2005	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)  <b>\$40.00</b>
	Payee address City; State; Zip Code <b>1708 Broderick Street San Francisco CA 94115</b>	

Purpose of payment (See instructions regarding type of information required) <b>Reimb-Email Service</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/11/2005	Payee Name <b>American Express</b>	Amount (\$)  <b>(\$0.97)</b>
	Payee address City; State; Zip Code <b>PO Box 360001 Fort Lauderdale FL 33336-0001</b>	

Purpose of payment (See instructions regarding type of information required) <b>Credit for processing fees</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/12/2005	Payee Name <b>Office Depot</b>	Amount (\$)  <b>\$18.17</b>
	Payee address City; State; Zip Code <b>5134 Richmond Avenue Houston TX 77059</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/12/2005	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$500.00</b>
	Payee address City; State; Zip Code <b>1111 Jackson Houston TX 77006</b>	

Purpose of payment (See instructions regarding type of information required) <b>Reimb-Sponsorship</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/12/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$64.94
	1111 Jackson	Houston	TX	77006	

Purpose of payment (See instructions regarding type of information required) Reimb-Cell Phone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
--	--	--	--

Date 4/12/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$37.91
	1111 Jackson	Houston	TX	77006	

Purpose of payment (See instructions regarding type of information required) Reimb-business meals	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
--	--	--	--

Date 4/12/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$56.99
	1111 Jackson	Houston	TX	77006	

Purpose of payment (See instructions regarding type of information required) Reimb-Event Refreshments	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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Date 4/12/2005	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$20.00
	1111 Jackson	Houston	TX	77006	

Purpose of payment (See instructions regarding type of information required) Reimb-Sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/14/2005	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code <b>1111 Jackson Houston TX 77006</b>	<b>\$10,000.00</b>

Purpose of payment (See instructions regarding type of information required) <b>Repayment of Schedule E loan</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)
	Payee address City; State; Zip Code <b>9829 Bassoon Houston TX 77025</b>	<b>\$8.50</b>

Purpose of payment (See instructions regarding type of information required) <b>Reimb-Parking</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2005	Payee Name <b>Office Depot</b>	Amount (\$)
	Payee address City; State; Zip Code <b>5134 Richmond Ave Houston TX 77059</b>	<b>\$17.86</b>

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/15/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)
	Payee address City; State; Zip Code <b>9829 Bassoon Houston TX 77025</b>	<b>\$750.00</b>

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/18/2005	Payee Name <b>American Express</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> PO Box 360001 <span style="float: right;">Fort Lauderdale FL 33336-0001</span>	<b>\$31.00</b>

Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing Fee</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
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Date 4/18/2005	Payee Name <b>PayPal</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 45950 <span style="float: right;">Omaha NE 98145-0950</span>	<b>\$3.20</b>

Purpose of payment (See instructions regarding type of information required) <b>Processing Fee</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
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Date 4/18/2005	Payee Name <b>SBC</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 555 Main Street, Room 228-CR <span style="float: right;">Beaumont TX 77701</span>	<b>\$155.01</b>

Purpose of payment (See instructions regarding type of information required) <b>Telephone</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
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Date 4/19/2005	Payee Name <b>Office Max</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 270 Meyerland Plaza <span style="float: right;">Houston TX 77096</span>	<b>\$43.29</b>

Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 4/19/2005	Payee Name <b>Lowe's</b>	Amount (\$)  <b>\$3.22</b>
	Payee address City; State; Zip Code <b>West Loop 610 South Houston TX 77096</b>	

Purpose of payment (See instructions regarding type of information required) <b>Office Keys</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/27/2005	Payee Name <b>Nextel</b>	Amount (\$)  <b>\$57.02</b>
	Payee address City; State; Zip Code <b>2001 Edmund Halley Drive Reston VA 20191</b>	

Purpose of payment (See instructions regarding type of information required) <b>Cell Phone</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/29/2005	Payee Name <b>American Express</b>	Amount (\$)  <b>\$3.10</b>
	Payee address City; State; Zip Code <b>PO Box 360001 Fort Lauderdale FL 33336-0001</b>	

Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing Fee</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/1/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)  <b>\$750.00</b>
	Payee address City; State; Zip Code <b>9829 Bassoon Houston TX 77025</b>	

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

<b>Date</b> 5/2/2005	<b>Payee Name</b> Alonti	<b>Amount (\$)</b>
	Payee address City; State; Zip Code 2444 Times Blvd Ste 360 Houston TX 77042	\$473.50

Purpose of payment (See instructions regarding type of information required)  
**Event Refreshments**

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

<b>Date</b> 5/2/2005	<b>Payee Name</b> Stephanie Cooper	<b>Amount (\$)</b>
	Payee address City; State; Zip Code 603 East 20 th Street Houston TX 77008	\$50.39

Purpose of payment (See instructions regarding type of information required)  
**Reimb-meeting refreshments**

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

<b>Date</b> 5/4/2005	<b>Payee Name</b> Grant Martin Consulting	<b>Amount (\$)</b>
	Payee address City; State; Zip Code 1708 Broderick Street San Fracisco CA 94115	\$500.00

Purpose of payment (See instructions regarding type of information required)  
**Consulting**

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

<b>Date</b> 5/5/2005	<b>Payee Name</b> Office Depot	<b>Amount (\$)</b>
	Payee address City; State; Zip Code 5134 Richmond Ave Houston TX 77059	\$26.79

Purpose of payment (See instructions regarding type of information required)  
**Office Supplies**

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

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 5/5/2005	Payee Name <b>Merchant Bank Card</b>	Amount (\$)  <b>\$1.11</b>
	Payee address City; State; Zip Code <b>40960 California Oaks Road, Murrieta CA 92562</b> Suite 209	

Purpose of payment (See instructions regarding type of information required) <b>Banking Charge</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/6/2005	Payee Name <b>Office Depot</b>	Amount (\$)  <b>\$16.00</b>
	Payee address City; State; Zip Code <b>5134 Richmond Ave Houston TX 77059</b>	

Purpose of payment (See instructions regarding type of information required) <b>Printing</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/6/2005	Payee Name <b>American Express</b>	Amount (\$)  <b>\$1.55</b>
	Payee address City; State; Zip Code <b>PO Box 360001 Fort Lauderdale FL 33336-0001</b>	

Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing Fee</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 5/11/2005	Payee Name <b>US Postal Service</b>	Amount (\$)  <b>\$37.00</b>
	Payee address City; State; Zip Code <b>Julius Melcher Location Houston TX 77027</b>	

Purpose of payment (See instructions regarding type of information required) <b>Postage</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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FILER NAME <b>Annise Parker</b>		ACCOUNT # (Ethics Commission filers)	
Date 5/13/2005	Payee Name <b>SBC</b>	Amount (\$)	
	Payee address . City; State; Zip Code 555 Main Street, Room 228-CR Beaumont TX 77701	\$127.73	
Purpose of payment (See instructions regarding type of information required) <b>Telephone</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/15/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)	
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00	
Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/15/2005	Payee Name <b>Cingular Wireless</b>	Amount (\$)	
	Payee address City; State; Zip Code P.O. Box 650574 Dallas TX 75265-0574	\$41.60	
Purpose of payment (See instructions regarding type of information required) <b>Cell Phone</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/16/2005	Payee Name <b>US Postal Service</b>	Amount (\$)	
	Payee address City; State; Zip Code Julius Melcher Location Houston TX 77027	\$111.00	
Purpose of payment (See instructions regarding type of information required) <b>Postage</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

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

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FILER NAME <b>Annise Parker</b>				ACCOUNT # (Ethics Commission filers)	
Date 5/17/2005	Payee Name Xpedx			Amount (\$)	
	Payee address Store # 012	City; Houston	State; TX	Zip Code 77081	\$33.43
Purpose of payment (See instructions regarding type of information required) Paper Supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 5/17/2005	Payee Name Office Depot			Amount (\$)	
	Payee address 5134 Richmond Ave	City; Houston	State; TX	Zip Code 77059	\$57.11
Purpose of payment (See instructions regarding type of information required) Office Supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 5/17/2005	Payee Name Office Depot			Amount (\$)	
	Payee address 5134 Richmond Ave	City; Houston	State; TX	Zip Code 77059	\$32.31
Purpose of payment (See instructions regarding type of information required) Office Supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		
Date 5/27/2005	Payee Name Office Max			Amount (\$)	
	Payee address 1576 West Gray	City; Houston	State; TX	Zip Code 77019	\$4.64
Purpose of payment (See instructions regarding type of information required) Office Supplies			** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held		

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 6/1/2005	Payee Name <b>Amanda Scott</b>	Amount (\$)
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/1/2005	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$500.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/1/2005	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code 1708 Broderick Street San Francisco CA 94115	\$20.00

Purpose of payment (See instructions regarding type of information required) <b>Email Service</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/5/2005	Payee Name <b>American Express</b>	Amount (\$)
	Payee address City; State; Zip Code PO Box 360001 Fort Lauderdale FL 33336-0001	\$77.50

Purpose of payment (See instructions regarding type of information required) <b>Credit Card Processing Fee</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 6/6/2005	Payee Name <b>Merchant Bank Card</b>				Amount (\$)  <b>\$6.38</b>
	Payee address 40960 California Oaks Road, Suite 209	City; Murrieta	State; CA	Zip Code 92562	

Purpose of payment (See instructions regarding type of information required)  
**Processing Fee**

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

Date 6/8/2005	Payee Name <b>Annise Parker</b>				Amount (\$)  <b>\$145.07</b>
	Payee address 1111 Jackson	City; Houston	State; TX	Zip Code 77006	

Purpose of payment (See instructions regarding type of information required)  
**Reimb-catering**

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

Date 6/8/2005	Payee Name <b>Nextel</b>				Amount (\$)  <b>\$78.26</b>
	Payee address 2001 Edmund Halley Drive	City; Reston	State; VA	Zip Code 20191	

Purpose of payment (See instructions regarding type of information required)  
**Cell Phone**

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

Date 6/13/2005	Payee Name <b>SBC</b>				Amount (\$)  <b>\$125.89</b>
	Payee address 555 Main Street, Room 228-CR	City; Beaumont	State; TX	Zip Code 77701	

Purpose of payment (See instructions regarding type of information required)  
**Telephone**

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

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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 6/15/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00

Purpose of payment (See instructions regarding type of information required) Consulting	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/29/2005	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code 1111 Jackson Houston TX 77006	\$37.00

Purpose of payment (See instructions regarding type of information required) Reimb-event sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/29/2005	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code 1111 Jackson Houston TX 77006	\$29.68

Purpose of payment (See instructions regarding type of information required) Reimb-event sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 6/29/2005	Payee Name Nextel	Amount (\$)
	Payee address City; State; Zip Code 2001 Edmund Halley Drive Reston VA 20191	\$51.17

Purpose of payment (See instructions regarding type of information required) Cell Phone	** Complete if direct expenditures 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. Total pages Schedule F  
28

FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 6/29/2005	Payee Name <b>Annise Parker</b>				Amount (\$)  <b>\$135.87</b>
	Payee address <b>1111 Jackson</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77006</b>	

Purpose of payment (See instructions regarding type of information required)  
**Reimb-campaign shirts**

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

Date 6/30/2005	Payee Name <b>American Express</b>				Amount (\$)  <b>\$49.66</b>
	Payee address <b>PO Box 360001</b>	City; <b>Fort Lauderdale</b>	State; <b>FL</b>	Zip Code <b>33336-0001</b>	

Purpose of payment (See instructions regarding type of information required)  
**Credit Card Processing Fees**

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

Date 6/30/2005	Payee Name <b>American Express</b>				Amount (\$)  <b>\$15.50</b>
	Payee address <b>PO Box 360001</b>	City; <b>Fort Lauderdale</b>	State; <b>FL</b>	Zip Code <b>33336-0001</b>	

Purpose of payment (See instructions regarding type of information required)  
**Credit for processing fees**

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

Date 6/30/2005	Payee Name <b>American Express</b>				Amount (\$)  <b>\$31.00</b>
	Payee address <b>PO Box 360001</b>	City; <b>Fort Lauderdale</b>	State; <b>FL</b>	Zip Code <b>33336-0001</b>	

Purpose of payment (See instructions regarding type of information required)  
**Credit for processing fees**

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

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# POLITICAL EXPENDITURES

# SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

28

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Schedule F Report Total: \$31,673.45

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City	State	Zip Code	Amount (\$)	
6/29/2005	League of Women Voters	Houston	TX	77057	\$29.68	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address					
	Purpose of payment (See instructions regarding type of information required)					
	Donation of Charity Dinner					
6/29/2005	League of Women Voters	Houston	TX	77057	\$37.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address					
	Purpose of payment (See instructions regarding type of information required)					
	Donation of Charity Dinner					
4/12/2005	Harris County Young Democrats	Houston	TX	77219	\$20.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address					
	Purpose of payment (See instructions regarding type of information required)					
	Event Sponsorship					
4/12/2005	Rice Alumni Association	Houston	TX	77251	\$56.99	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Payee address					
	Purpose of payment (See instructions regarding type of information required)					
	Event Refreshments					

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Revised 09/01/2003

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City	State	Zip Code	Amount (\$)
4/12/2005	Premier Paging & Wireless	Stafford	TX	77002	\$64.94
	Payee address				
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Cell Phone Battery				
4/12/2005	Harris County AFL-CIO	Houston	TX	77023	\$500.00
	Payee address				
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Event Sponsorship				
6/8/2005	SPECs Liquor Warehouse	Houston	TX	77063	\$145.07
	Payee address				
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Event Catering				
6/29/2005	Space City T-shirts	Houston	TX	77092	\$135.87
	Payee address				
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Campaign Shirts				

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Revised 09/01/2003

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**
**SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

 FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)								
4/12/2005	La Griglia									
	<table border="0"> <tr> <td data-bbox="310 529 690 558">Payee address</td> <td data-bbox="690 529 933 558">City;</td> <td data-bbox="933 529 1047 558">State;</td> <td data-bbox="1047 529 1230 558">Zip Code</td> </tr> <tr> <td data-bbox="310 558 690 661">[REDACTED]</td> <td data-bbox="690 558 933 661">Houston</td> <td data-bbox="933 558 1047 661">TX</td> <td data-bbox="1047 558 1230 661">77019</td> </tr> </table>	Payee address	City;	State;	Zip Code	[REDACTED]	Houston	TX	77019	\$37.91
Payee address	City;	State;	Zip Code							
[REDACTED]	Houston	TX	77019							
	Purpose of payment (See instructions regarding type of information required)  <b>Business Meal</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended								

Schedule G Report Total:

**\$1,027.46**