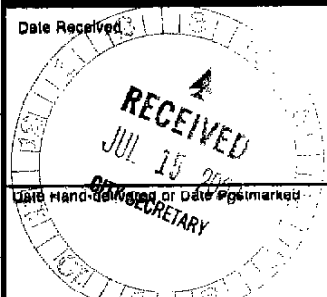


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  169													
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">TITLE</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:30%; text-align: center;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Annise</td> <td></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Parker</td> <td></td> </tr> </table>		TITLE	FIRST	MI		Annise		NICKNAME	LAST	SUFFIX		Parker		<b>OFFICE USE ONLY</b>  	
TITLE	FIRST	MI														
	Annise															
NICKNAME	LAST	SUFFIX														
	Parker															
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:20%;">APT / SUITE #:</td> <td style="width:20%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:17%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 66513,</td> <td></td> <td>Houston, TX</td> <td></td> <td>77266</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P.O. Box 66513,		Houston, TX		77266				
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE												
P.O. Box 66513,		Houston, TX		77266												
<b>5 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dashed black;">TITLE</td> <td style="width:40%; text-align: center;">FIRST</td> <td style="width:30%; text-align: center;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">Kathy</td> <td></td> </tr> <tr> <td style="border-bottom: 1px dashed black;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Hubbard</td> <td></td> </tr> </table>		TITLE	FIRST	MI		Kathy		NICKNAME	LAST	SUFFIX		Hubbard			
TITLE	FIRST	MI														
	Kathy															
NICKNAME	LAST	SUFFIX														
	Hubbard															
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="width:20%;">APT / SUITE #:</td> <td style="width:20%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:17%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 66513,</td> <td></td> <td>Houston, TX</td> <td></td> <td>77266</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P.O. Box 66513,		Houston, TX		77266				
STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE												
P.O. Box 66513,		Houston, TX		77266												
<b>7 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td>( 713 )</td> <td>522-9000</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	( 713 )	522-9000									
AREA CODE	PHONE NUMBER	EXTENSION														
( 713 )	522-9000															
<b>8 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>		<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)						
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<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>9 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td>01</td> <td>/ 01</td> <td>/ 03</td> <td></td> <td>06</td> <td>/ 30</td> <td>/ 03</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	01	/ 01	/ 03		06	/ 30	/ 03
Month	Day	Year	THROUGH	Month	Day	Year										
01	/ 01	/ 03		06	/ 30	/ 03										
<b>10 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary                                <input type="checkbox"/> Runoff                                <input checked="" type="checkbox"/> General                                <input type="checkbox"/> Special                         </td> </tr> <tr> <td>11 / 04 / 03</td> <td></td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 04 / 03										
ELECTION DATE	ELECTION TYPE															
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special															
11 / 04 / 03																
<b>11 OFFICE</b>	OFFICE HELD (if any) Houston City Council, Position 1	<b>12 OFFICE SOUGHT (if known)</b> Houston City Controller														
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <hr/> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>															

GO TO PAGE 2



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph C. Ledvina</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sims McCutchan</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dianne Reece</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William A. Camfield</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tobin Englet</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Louis Feldman</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marvin Alexander</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>E. Allan Tiller</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Celia Morgan</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alison Cameron</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 142	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dalton C. Dehart</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 5/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Ramon Yzaguirre</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 5/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 5/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William B. Connolly</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 5/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary B. Dahl</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**5/20/2003**5 Full Name of Contributor:  out of state PAC  
**Michael B. McPhail**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**5/20/2003**5 Full Name of Contributor:  out of state PAC  
**Vance E. Lusk**7 Amount of  
contribution (\$):  
**\$75.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**5/20/2003**5 Full Name of Contributor:  out of state PAC  
**Thomas J. Keebler**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**5/20/2003**5 Full Name of Contributor:  out of state PAC  
**Kenneth L. Holford**7 Amount of  
contribution (\$):  
**\$5.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**5/20/2003**5 Full Name of Contributor:  out of state PAC  
**Tony Carroll**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ronald M. Ansin</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (If applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laura A. Douglas</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (If applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carole Nadelman Marmell</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (If applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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 [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>M. Sandra Scurria</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (If applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dolores Goble</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary A. Walker</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ian C. Gibson-Smith</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael G. Katovitz</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald W. Buchanan</b>	7 Amount of contribution (\$): <b>\$8.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul H. Asofsky</b>	7 Amount of contribution (\$): <b>\$450.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ruth Switzer Pearl</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard J. Brewer</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Drury Sherrod</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph Chudzinski</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marion Kay Saunders</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathleen Bell</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul G. Killgore</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald R. Poston</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Theodore L. McEvoy</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1  
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thomas P. Wilczak</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Villa M. Drazdys</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard M. Del Balso</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharren C. Lamoreaux</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. H. Jones</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/25/2003</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC <b>Gay &amp; Lesbian Victory Fund PAC - Federal</b>	7 Amount of contribution (\$): <b>\$800.00</b>	8 In kind contribution (if applicable): <b>Printing &amp; Postage</b>
	C00251835		
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>5/27/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bert Golding</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>5/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Shane McCardell</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles F. Morse</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ralph Alpert</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Hellman</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>C. A. Frankeny</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann R. Stokes</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard D. Bebermeyer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph L. Norton</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mae Stadler</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael House</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stephanie Roth</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Friends of Greg Pettis</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William C. Lewis</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. Christopher Kennedy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Don K. Jones</b>	7 Amount of contribution (\$): <b>\$5.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary S. Anderson</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Valentin Garcia</b>	7 Amount of contribution (\$): <b>\$705.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara Barrett</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 142

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tim O. Mains</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank Young</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan Baker</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Iey Anna Thomas</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry N. Clark</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 142

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William H. Lee</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rich Gordon</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Scott Wendland</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Anthony Joseph Blanchi</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Micheal Hagey</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>S. M. Feather</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Scott Wendland</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Debra L Zabinski</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Phillips K Campbell</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles Lambert</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerome M. Jeanmard</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William S. Gilmer</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thompson Ray Bogert</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert D. Peterson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Justin Rowland</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kelth Lepley</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Ann McBee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald Lee Hauboldt</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph F. Mahoney</b>	7 Amount of contribution (\$): <b>\$40.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen Seaborn</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ken J. MacFarlane</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Samuel S. Lusk</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>6/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth Neil Jones</b>	7 Amount of contribution (\$): <b>\$60.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nancy C. Bralnerd</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven L. Miller</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Geoffrey K. Walker</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terese T. Hershey</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sol Lesh</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: 142

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/5/2003

5 Full Name of Contributor:

H. Irving Schweppe

 out of state PAC7 Amount of  
contribution (\$):

\$100.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/5/2003

5 Full Name of Contributor:

Earle P. Martin

 out of state PAC7 Amount of  
contribution (\$):

\$100.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/5/2003

5 Full Name of Contributor:

Karen Ostrum George

 out of state PAC7 Amount of  
contribution (\$):

\$250.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/5/2003

5 Full Name of Contributor:

Susan Davis

 out of state PAC7 Amount of  
contribution (\$):

\$50.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/5/2003

5 Full Name of Contributor:

Isabelle Ganz Lipschutz

 out of state PAC7 Amount of  
contribution (\$):

\$25.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack S. Blanton</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>W. Charles Carlberg</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sanford J. Alexander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Gilbert Walden</b>	7 Amount of contribution (\$): <b>\$1,100.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karl L. Killian</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(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>6/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lea Bogle</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harry W. Reed</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jennifer Ann Eaves</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alison Cameron</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Fowler</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/12/2003**5 Full Name of Contributor:  out of state PAC  
**Madeleine G. Appel**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/12/2003**5 Full Name of Contributor:  out of state PAC  
**Michael Shane McCardell**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/12/2003**5 Full Name of Contributor:  out of state PAC  
**Robert R. Randolph**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/12/2003**5 Full Name of Contributor:  out of state PAC  
**Zelda Rick**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/12/2003**5 Full Name of Contributor:  out of state PAC  
**Susan C. Young**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin Blut</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shanna Crawford Barnstone</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Inell Dyer Klein</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Betty W. Key</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bryan J. Peters</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Candyce P. Rylander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joe A. Williams</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George W. Strong</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/14/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack Drake</b>	7 Amount of contribution (\$): <b>\$750.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bates &amp; Coleman, PC, Attorney &amp; Counselors 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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 142	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 6/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Clasy Segall</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 6/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stacy F. Valdes</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 6/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert P. Mingola</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 6/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David R. Christian</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 6/16/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James N. Curry</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**6/16/2003**

5 Full Name of Contributor:  out of state PAC  
**Les Heugatter**

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/16/2003**

5 Full Name of Contributor:  out of state PAC  
**William B. Deane**

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/16/2003**

5 Full Name of Contributor:  out of state PAC  
**Janet E. Anderson**

7 Amount of contribution (\$):  
**\$125.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/16/2003**

5 Full Name of Contributor:  out of state PAC  
**R Gary Montgomery**

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**6/16/2003**

5 Full Name of Contributor:  out of state PAC  
**Elvin Franklin**

7 Amount of contribution (\$):  
**\$200.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Margaret Hansen</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sally Lee Bradford</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Audrey Lawson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward J. Smith</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathy Lord</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sara P. Dodd-Spickelmier</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Sue Barnum</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia D. Edmiston</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bart J. Truxillo</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth M. Harp</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>C. C. Lee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy A. Surratt</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard C. Elbein</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Louis Marshall</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mal Tran</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jean Marie Ranisecki</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sanford W. Criner</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard L. Jennings</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan C. Young</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>R. Monty McDannald</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jane Block</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Katherine Lowery</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jamie R. Mize</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harriet Calvin Latimer</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul Easterwood</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynn Pinkerton</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William R. Franks</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tony Abyad</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey W. Pinkerton</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marilyn Oshman</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynette Coomes Wallace</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Emily Crosswell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elyse Rosenberg</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hilary Smith</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffery Bricker</b>	7 Amount of contribution (\$): <b>\$750.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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>6/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frances Ann Hamilton</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine Y. McGhee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elaine Kuper</b>	7 Amount of contribution (\$): <b>\$15.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Celia McMurry</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lori L. Gunn</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**6/20/2003**

5 Full Name of Contributor:

**Rosemary L Wilson** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/20/2003**

5 Full Name of Contributor:

**Janice Anderson** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/20/2003**

5 Full Name of Contributor:

**Peggy R. Roe** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/20/2003**

5 Full Name of Contributor:

**Claire P. Caudill** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/20/2003**

5 Full Name of Contributor:

**Thomas E. Schulze** out of state PAC7 Amount of  
contribution (\$):**\$30.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael R. Ryan</b>	7 Amount of contribution (\$): <b>\$400.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin Blut</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael C. Jozwiak</b>	7 Amount of contribution (\$): <b>\$700.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry Wood</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eric R. Liston</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brigette Z. Bosarge</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marlys M. Williams</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward A. Blackburn</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John A. Holbrook</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth Knox</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(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>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Geoffrey C. Westergaard</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lesley Susan Hill</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John A. Matlage</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yolanda Alvarado</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>H. Joe Nelson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/23/2003

5 Full Name of Contributor:

**Daniel L. Yaklin** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

**Doug Weigle** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

**Gene Jones** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

**Samuel D. Keeper** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

**Susan B. Kennedy** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John W. Thorne</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Don Fehrenbach</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen L. Bean</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael R. Ryan</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>B. J. Hibbs</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dixie Friend Gay</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charlotte L. Avery</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine V. Wilcox</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Scott F. Basinger</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul J. Dixon</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>April Lauper</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Andre Jagot</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald Lee Hauboldt</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**6/23/2003**

5 Full Name of Contributor:

**Steven J. Killworth** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/23/2003**

5 Full Name of Contributor:

**Kenneth W. Malone** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/23/2003**

5 Full Name of Contributor:

**Daniel K Edwards** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/23/2003**

5 Full Name of Contributor:

**Matthew Robey** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/23/2003**

5 Full Name of Contributor:

**Linda Farris** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/23/2003

5 Full Name of Contributor:

Randall J. Hendrick

 out of state PAC7 Amount of  
contribution (\$):

\$50.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

Howard W. Horne

 out of state PAC7 Amount of  
contribution (\$):

\$500.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

Harold Cornelius Myrick

 out of state PAC7 Amount of  
contribution (\$):

\$25.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

Robert Weinberger

 out of state PAC7 Amount of  
contribution (\$):

\$50.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/23/2003

5 Full Name of Contributor:

Joseph A. Hlavac

 out of state PAC7 Amount of  
contribution (\$):

\$50.00

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terry L. Russ</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Lawrence Green</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nathelyne A. Kennedy</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David J. Romero</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kevin Davidson</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 142	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alison Cameron</b>	7 Amount of contribution (\$): <b>\$562.00</b>	8 In kind contribution (if applicable): <b>Lapel Pins</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann J. Robison</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Flora Yeh</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen N. Futch</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Kevin White</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Melissa Hicks Carson</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Julle A. Young</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marion Kay Saunders</b>	7 Amount of contribution (\$): <b>\$54.67</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John T. Fenoglio</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annisie Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Maribel Allport</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Emma Lou Scott</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack G. Jackson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Amelle B. Richards</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laura F. Carroll</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Phyllis M. Painter</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jackie Kileger</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roy Neal Tannahill</b>	7 Amount of contribution (\$): <b>\$61.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elmer David Engelhardt</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eva Svensson</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peggy O'Neill</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles E Slade</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Randall C. Whitmore</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank Thompson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Fehrs Haukohl</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Neal W Massey</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laura A. Douglas</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brian T. Stephens</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shella A. Shaw</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 142	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alfred J. Mazur</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey Hoover</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Denise O'Doherty</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ivan George Smith</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James C. Groves</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sophia K. Havasy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sally E. Andrews</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan A. King</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>June K. Bourgeois</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald W. Buchanan</b>	7 Amount of contribution (\$): <b>\$3.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>HAA Better Government Fund</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mevis P. Kelsey</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynne Mutchler</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Betty Drake</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joyce Z. Greenberg</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joan Foote Jenkins</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Burton Coe</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John P. Peden</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerome Robinson</b>	7 Amount of contribution (\$): <b>\$1.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan J. Hurwitz</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Blaine R. Davis</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry N. Clark</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael L. Alexander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Arthur Villarreal</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**6/26/2003**5 Full Name of Contributor:  
**Isabelle Ganz Lipschutz** out of state PAC7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/26/2003**5 Full Name of Contributor:  
**Steven P. Catanich** out of state PAC7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/26/2003**5 Full Name of Contributor:  
**Cheryl Sevin** out of state PAC7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/26/2003**5 Full Name of Contributor:  
**Ralph C. Lashar** out of state PAC7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**6/27/2003**5 Full Name of Contributor:  
**Jasmeeta Singh** out of state PAC7 Amount of  
contribution (\$):  
**\$5,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/27/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gayle Gordon</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/27/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Varinder P. Bobby Singh</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert M. Browning</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathleen Kain</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven E. Parker</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(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>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yolanda Alvarado</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dorothy M. Willis</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John E. Parkerson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carole R. Riggs</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann Cahill</b>	7 Amount of contribution (\$): <b>\$400.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**SCHEDULE A1  
(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>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Belton Orman</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph Chudzinski</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert C. Park</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Johnny L. Sessums</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Irene E. Foxhall</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1  
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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James Stewart Walker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Henry Kendall Hamilton</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>CDMPAC</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith F. Olin</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald G. Upchurch</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Ellen Whitworth</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Stone</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mayer, Brown, Rowe &amp; Maw</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>PSI PAC</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carter &amp; Burgess P.A.C.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary L. Gibbons Davis</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ray C. Davis</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry S. Balamonte</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph R Larsen</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dennis Klappersack</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Marsolaie</b>	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank Høvrdejs</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter Nahua</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Lee Ives</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carla J Weebles</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Manuel Marini</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda K May</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Matthew T. Solleau</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Gartner</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brad Nagar</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann T. Robinson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary Teixeira</b>	7 Amount of contribution (\$): <b>\$550.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan M. Moody</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rieky Kamins</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 1 [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>R. Terry Russ</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Truman C. Edminster</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cindy L. Clifford</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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 A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Zilkha</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles A. McCarthy</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kay Van Cleave</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan Helfman</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nancy Kuykendall</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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 A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tracy Vaught</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lambert Arceneaux</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>W. Edward Nunan</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>C. Patrick McIlvain</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Grady R. Graham</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth Aucoin</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

Schedule A1 Report Total: \$212,628.67

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

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F 21
FILER NAME <b>Annise Parker</b>		ACCOUNT # (Ethics Commission filers)
Date 1/8/2003	Payee Name <b>Annise Parker</b> ----- Payee address                               City;                               State;                               Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	Amount (\$) <b>\$25.00</b>
Purpose of payment (See instructions regarding type of information required) <b>Reimburse Women's Political Forum Sponsorship</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name                               Office sought                               Office held
Date 1/8/2003	Payee Name <b>Annise Parker</b> ----- Payee address                               City;                               State;                               Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	Amount (\$) <b>\$36.60</b>
Purpose of payment (See instructions regarding type of information required) <b>Reimburse Office Supplies</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name                               Office sought                               Office held
Date 1/8/2003	Payee Name <b>Annise Parker</b> ----- Payee address                               City;                               State;                               Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	Amount (\$) <b>\$25.94</b>
Purpose of payment (See instructions regarding type of information required) <b>Reimburse Meeting Refreshments</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name                               Office sought                               Office held
Date 1/8/2003	Payee Name <b>Annise Parker</b> ----- Payee address                               City;                               State;                               Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	Amount (\$) <b>\$22.75</b>
Purpose of payment (See instructions regarding type of information required) <b>Reimburse Gas - TNRCC Meeting</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name                               Office sought                               Office held

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Revised 04/04/2000

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 1/17/2003	Payee Name Mayor Pro-Tem Gordon Quan	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 1562 Houston, TX 77251	\$100.00

Purpose of payment (See instructions regarding type of information required)  
 Contribution for purchase of City Council microwav

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

Date 1/23/2003	Payee Name League of Women Voters Education Fund	Amount (\$)
	Payee address City; State; Zip Code 2650 Fountainview, #328 Houston, TX 77057-7619	\$100.00

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

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

Date 1/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$2,739.59

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

Date 1/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$5,000.00

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

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  
1/30/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1,337.67

P.O. Box 667307 Houston, TX  
77266-7307

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

Postage &amp; Mail House

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date  
1/30/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$30.00

P.O. Box 667307 Houston, TX  
77266-7307

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

Interstate 69 Initiative -- Luncheon Ticket

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date  
2/3/2003

Payee Name

Nextel

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$101.22

P.O. Box 54977 Los Angeles,  
CA 90054-0977

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  
2/3/2003

Payee Name

Giles-Snyder Design

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$698.22

1301 Marshall Houston, TX  
77006

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

Graphic Design

\*\* 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  
 21

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

Date 2/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$16,605.00

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

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

Date 2/18/2003	Payee Name Harris County Tejano Democrats	Amount (\$)
	Payee address City; State; Zip Code 3715 North Main Street Houston, TX 77009	\$25.00

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

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

Date 2/20/2003	Payee Name Greater Heights Democrats	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 70248 Houston, TX 77270	\$15.00

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

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

Date 2/24/2003	Payee Name LULAC Council 402	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 30498 Houston, TX 77249-0498	\$30.00

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

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

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

21

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date

2/26/2003

Payee Name

Hubbard Financial Services

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$600.00

P.O. Box 66513 Houston, TX  
77266

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

Reimburse Campaign Telephone 2003

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

2/28/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$567.12

P.O. Box 667307 Houston, TX  
77266-7307

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

Date

2/28/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$166.00

P.O. Box 667307 Houston, TX  
77266-7307

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

2/28/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$8,112.52

P.O. Box 667307 Houston, TX  
77266-7307

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

Research

\*\* 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  
21

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 2/28/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$5,000.00
	City; State; Zip Code	

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

Date 2/28/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$178.27
	City; State; Zip Code	

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

Date 2/28/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$3,500.00
	City; State; Zip Code	

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

Date 2/28/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$8,000.00
	City; State; Zip Code	

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 2/28/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$519.11

Purpose of payment (See instructions regarding type of information required)  
 Postage & Mail House

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

Date 3/5/2003	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 66513, Houston TX 77266	\$190.50

Purpose of payment (See instructions regarding type of information required)  
 Reimburse Travel to Austin

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

Date 3/5/2003	Payee Name Varsity Productions	Amount (\$)
	Payee address City; State; Zip Code 2727 Kirby Drive, Suite 205 Houston, TX 77098	\$200.00

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

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

Date 3/10/2003	Payee Name Houston Realty Breakfast Club	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 66247 Houston, TX 77266-6247	\$180.00

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

\*\* 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  
21

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

Date 3/10/2003	Payee Name United States Treasury	Amount (\$)
	Payee address City; State; Zip Code IRS, Ogden, UT 84201	\$244.00

Purpose of payment (See instructions regarding type of information required)  
1120-POL Taxes

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

Date 3/18/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$4,526.95

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

Date 3/18/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$7,963.00

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

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

Date 3/18/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$2,160.00

Purpose of payment (See instructions regarding type of information required)  
Postage & Mail House

**\*\* 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  
 21

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

Date 3/18/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$98.70

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

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

Date 3/20/2003	Payee Name Giles-Snyder Design	Amount (\$)
	Payee address City; State; Zip Code 1301 Marshall Houston, TX 77006	\$460.06

Purpose of payment (See instructions regarding type of information required)  
 Graphic Design

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

Date 3/20/2003	Payee Name Lake Snell Perry & Associates	Amount (\$)
	Payee address City; State; Zip Code 1726 M Street, NW Suite 500 Washington, DC 20036	\$91.40

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

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

Date 3/20/2003	Payee Name Lake Snell Perry & Associates	Amount (\$)
	Payee address City; State; Zip Code 1726 M Street, NW Suite 500 Washington, DC 20036	\$447.79

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

\*\* 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  
 21

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

Date 3/20/2003	Payee Name Nextel	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977	\$126.91

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 3/31/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$183.10

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 3/31/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$3,000.00

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 3/31/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$3,500.00

Purpose of payment (See instructions regarding type of information required)  
 Staff Salary

\*\* 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.

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21

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 3/31/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$149.30
	City; State; Zip Code	

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

Date 3/31/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$4,106.71
	City; State; Zip Code	

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

Date 3/31/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$980.25
	City; State; Zip Code	

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
---	--

Date 4/1/2003	Payee Name <b>Nextel</b>	Amount (\$)
	Payee address P.O. Box 54977 Los Angeles, CA 90054-0977	\$151.20
	City; State; Zip Code	

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
--	--

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
21

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

Date 4/7/2003	Payee Name <b>BFM Printing</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 270148 Houston, TX 77277	<b>\$100.00</b>

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

Date 4/9/2003	Payee Name <b>Keith Wade</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 4810 Old Spanish Trail Houston, TX 77021	<b>\$1,000.00</b>

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
---	---

Date 4/9/2003	Payee Name <b>PPHSET Action Fund</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 3601 Fannin Houston, TX 77004	<b>\$25.00</b>

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

Date 4/10/2003	Payee Name <b>Harris County Democrats</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> Attn: Karen Loper 1302 Waugh, Suite 809 Houston, T	<b>\$25.00</b>

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F 21	
FILER NAME <b>Annise Parker</b>		ACCOUNT # (Ethics Commission filers)	
Date 4/10/2003	Payee Name LULAC Council #60	Amount (\$)	
	Payee address Charles R. Flores P.O. Box 15100 Houston, TX 77220	City;	State; Zip Code \$35.00
Purpose of payment (See instructions regarding type of information required) Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/30/2003	Payee Name Herald Publishing Company	Amount (\$)	
	Payee address P.O. Box 153 Houston, TX 77001-0153	City;	State; Zip Code \$370.00
Purpose of payment (See instructions regarding type of information required) Advertising		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 4/30/2003	Payee Name Lake Snell Perry & Associates	Amount (\$)	
	Payee address 1726 M Street, NW Suite 500 Washington, DC 20036	City;	State; Zip Code \$328.81
Purpose of payment (See instructions regarding type of information required) Research		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 5/1/2003	Payee Name Campos Communications	Amount (\$)	
	Payee address Marc Campos 816 Ralfallen St Houston, TX 77008	City;	State; Zip Code \$2,000.00
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	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
21

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

Date 5/1/2003	Payee Name <b>Keith Wade</b>	Amount (\$)
	Payee address 4810 Old Spanish Trail Houston, TX 77021	\$1,000.00
	City; State; Zip Code	

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 5/1/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$87.68
	City; State; Zip Code	

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
---	--

Date 5/1/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$10.66
	City; State; Zip Code	

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

Date 5/1/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address P.O. Box 667307 Houston, TX 77266-7307	\$40.00
	City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required) <b>Maps</b>	** 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

21

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date  
5/1/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$44.06

P.O. Box 667307 Houston, TX  
77266-7307

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

Delivery

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date  
5/1/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$18.50

P.O. Box 667307 Houston, TX  
77266-7307

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

Postage &amp; Mail House

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date  
5/1/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$8,000.00

P.O. Box 667307 Houston, TX  
77266-7307

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  
5/1/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$3,500.00

P.O. Box 667307 Houston, TX  
77266-7307

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

Staff Salary

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F  
21

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 5/7/2003	Payee Name Nextel	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977	\$60.03

Purpose of payment (See instructions regarding type of information required)  March 23-April 22	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5/7/2003	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 66513, Houston TX 77266	\$20.00

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

Date 5/13/2003	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 66513, Houston TX 77266	\$230.09

Purpose of payment (See instructions regarding type of information required)  Reimburse Lunch for Delegation, Daiching, China	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 5/13/2003	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 66513, Houston TX 77266	\$75.00

Purpose of payment (See instructions regarding type of information required)  Reimburse Women's Political Forum Sponsorships	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
 21

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

Date 5/13/2003	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	<b>\$19.46</b>

Purpose of payment (See instructions regarding type of information required)  
**Reimburse Gift for Foreign Delegation**

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

Date 5/13/2003	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P. O. Box 66513, Houston TX 77266</b>	<b>\$18.29</b>

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

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

Date 5/19/2003	Payee Name <b>276 Community Club, Inc.</b>	Amount (\$)
	Payee address City; State; Zip Code <b>5606 Beldart Houston, TX 77033-3102</b>	<b>\$40.00</b>

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

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

Date 5/19/2003	Payee Name <b>Harris County Council of Organizations</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P.O. Box 330363 Houston, TX 77233</b>	<b>\$80.00</b>

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

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
21

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

Date 5/21/2003	Payee Name <b>Harris County Democrats</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 1302 Waugh, Suite 809 Houston, TX 77019	\$250.00

Purpose of payment (See instructions regarding type of information required) <b>Sponsorship</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
--	---

Date 5/27/2003	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P. O. Box 66513, Houston TX 77266	\$50.00

Purpose of payment (See instructions regarding type of information required) <b>Reimburse Meeting Refreshments</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

Date 6/13/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 667307 Houston, TX 77266-7307	\$3,500.00

Purpose of payment (See instructions regarding type of information required) <b>Staff Salary</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

Date 6/13/2003	Payee Name <b>Keith Wade</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 4810 Old Spanish Trail Houston, TX 77021	\$1,000.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F  
21

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
6/13/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$60.30

P.O. Box 667307 Houston, TX  
77266-7307

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

6/13/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$154.25

P.O. Box 667307 Houston, TX  
77266-7307

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

Date

6/13/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$10.66

P.O. Box 667307 Houston, TX  
77266-7307

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

Web Site

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

6/13/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1,500.00

P.O. Box 667307 Houston, TX  
77266-7307

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

Photography

\*\* Complete if direct expenditures to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
21

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

Date 6/13/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 667307 Houston, TX 77266-7307	\$125.13

Purpose of payment (See instructions regarding type of information required) <b>Research</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

Date 6/13/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 667307 Houston, TX 77266-7307	\$8,000.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

Date 6/13/2003	Payee Name <b>Campos Communications</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> 816 Ralfallen St Houston, TX 77008	\$1,000.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

Date 6/13/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 667307 Houston, TX 77266-7307	\$69.87

Purpose of payment (See instructions regarding type of information required) <b>Delivery</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name <span style="float: right;">Office sought Office held</span>
---	---

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

21

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date  
6/18/2003

Payee Name

Nextel

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$118.84

P.O. Box 54977 Los Angeles,  
CA 90054-0977

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  
6/25/2003

Payee Name

Keith Wade

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1,000.00

4810 Old Spanish Trail  
Houston, TX 77021

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  
6/25/2003

Payee Name

Campos Communications

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1,000.00

816 Ralfallen St Houston, TX  
77008

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

Schedule F Report Total:

\$117,261.51

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Revised 04/04/2000

**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 (\$)
1/8/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266	\$22.75
	Purpose of payment (See instructions regarding type of information required) <b>Gas - TNRCC Meeting in Austin</b>	<input checked="checked" type="checkbox"/> Reimbursement from political contributions intended
1/8/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266	\$25.00
	Purpose of payment (See instructions regarding type of information required) <b>Women's Political Forum Sponsorship</b>	<input checked="checked" type="checkbox"/> Reimbursement from political contributions intended
1/8/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266	\$36.60
	Purpose of payment (See instructions regarding type of information required) <b>Office Supplies</b>	<input checked="checked" type="checkbox"/> Reimbursement from political contributions intended
1/8/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266	\$25.94
	Purpose of payment (See instructions regarding type of information required) <b>Meeting Refreshments</b>	<input checked="checked" type="checkbox"/> Reimbursement from political contributions intended

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Revised 04/04/2000

**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 (\$)
3/5/2003	<b>Annise Parker</b> Payee address: _____ City; _____ State; _____ Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Travel to Austin - TNRCC Committee	\$190.50  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/7/2003	<b>Annise Parker</b> Payee address: _____ City; _____ State; _____ Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Meeting Refreshments	\$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/13/2003	<b>Annise Parker</b> Payee address: _____ City; _____ State; _____ Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Gift for Foreign Delegation	\$19.46  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/13/2003	<b>Annise Parker</b> Payee address: _____ City; _____ State; _____ Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) Meeting Refreshments	\$18.29  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
5/13/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) <b>Women's Political Forum Sponsorships</b>	\$75.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/13/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) <b>Reimburse lunch for delegation, Daiching, China</b>	\$230.09  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
5/27/2003	<b>Annise Parker</b> Payee address City; State; Zip Code P.O. Box 66513 Houston, TX 77266 Purpose of payment (See instructions regarding type of information required) <b>Meeting Refreshments</b>	\$50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total:

\$713.63

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: <b>1</b>
2 FILER NAME <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>02/23/2003</b>	5 Business name <b>Hubbard Financial Services</b> 6 Business address; City; State; Zip Code <b>2615 Montrose, Houston, TX 77006</b>	7 Amount (\$) <b>\$600.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>Campaign Telephone 2003</b>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held <b>Annise Parker      City Controller/City Council</b>
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



June 30, 2003

Grant Martin  
Annise Parker Campaign  
P.O. Box 66513  
Houston, TX 77266

RE: Important Campaign Finance Disclosure Information

Dear Grant,

The Gay & Lesbian Victory Fund is pleased to notify you that a \$800.00 in-kind contribution has been allocated to your committee. This in-kind contribution should be reported on your next campaign financial disclosure report.

Also, attached is a copy of the Gay & Lesbian Victory Fund's Statement of Organization on file with the Federal Election Committee and certified by the Federal Election Commission.

If you have any questions concerning this, please contact me at (202) 842-7311. Thank you.

Sincerely,

Curt Finkelmeyer  
Assistant Treasurer

Voice: 202.842.8679  
Fax: 202.289.3863

1705 DeSales Street, NW, Suite 500  
Washington, DC 20036

Web: [www.victoryfund.org](http://www.victoryfund.org)  
Email: [victory@victoryfund.org](mailto:victory@victoryfund.org)

Paid for and authorized by the Gay & Lesbian Victory Fund



FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

FEC-50101

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

GAY AND LESBIAN VICTORY FUND

ADDRESS (Check if address is changed) 1705 DeSales Street, NW

5th Floor

WASHINGTON

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

victory@victoryfund.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.victoryfund.org

2. DATE 03 28 2003

3. FEC IDENTIFICATION NUMBER C00251835

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Charles A. Wolfe

Signature of Treasurer Electronically Filed by Charles A. Wolfe Date 03 28 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 4 columns and 1 row for Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1110

FEC FORM 1 (Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
-----------------------------	----------------	-------	--------	-----------	----------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

B. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

**GAY AND LESBIAN VICTORY FUND**

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036  
CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number \_\_\_\_\_

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036  
CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number \_\_\_\_\_

Full Name of Designated Agent Curt Finkelmeier

Mailing Address 1705 DeSales Street, NW

5th Floor

Washington DC 20036  
CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number \_\_\_\_\_

9. Banks or Other Depositories: List of banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Adams National Bank

Mailing Address

1501 K Street NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ

**Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ ADDITIONAL ]

**Citibank**

Mailing Address **P.O. Box 19748**

**Washington** **DC** **20036 -**

CITY Δ STATE Δ ZIP CODE Δ

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

Mailing Address

CITY Δ STATE Δ ZIP CODE Δ

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative



Designated Agent

[ ADDITIONAL ]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Annise Parker

15 ACCOUNT # (Ethics Commission file)

16 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

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)

\$ 212,528.67

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 117,251.61

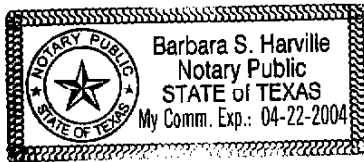
OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT

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.



*Annise D. Parker*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANNISE D. PARKER, this the 15<sup>th</sup> day of July, 2003, to certify which, witness my hand and seal of office.

*Barbara S. Harville*  
Signature of officer administering oath

BARBARA S. HARVILLE  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan A. Lieberman</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan J. Hurwitz</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Louis Zumsteln</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan B. Kennedy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Gee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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 A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marguerite Kelly</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (If applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kaye Smith Horn</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (If applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William E. Colburn</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (If applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jane B. Cherry</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (If applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John H. Crooker</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (If applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>H. Irving Schweppe</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terese T. Hershey</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stuart A. Shapiro</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paula S. Arnold</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard Carroll Bost</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul M Janicke</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>C. Mike Garver</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David B. Tarbet</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul H. Asofsky</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Martin A. Reiner</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank E. Hood</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harris County Women's Political Caucus (HCWPC)</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/13/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/13/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Wilford A. Weber</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/13/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barry E. Hanly</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward A. Kopnitz</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brady F. Carruth</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Candyea P. Rylander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Kimball</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Key Staley</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan M. Moody</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jan J. Gibson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Suzanne Ingemanson Page-Pryde</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lester M. Marks</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward R. Allen</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James C. Groves</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert P. Palmquist</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin Blut</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Algenita Scott Davis</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Parthle</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John P. Peden</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jamie S. Brewster</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank V. Fossella</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>M. Sandra Scurria</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eleanor Tinsley</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Plumbers Local Union No. 68 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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth Suzan Kaled</b>	7 Amount of contribution (\$): <b>\$700.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>N. Grant Martin</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable): <b>Consulting</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marion S. Friedman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert E. Bliss</b>	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David M. Mincberg</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Fehrs Haukohl</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William S. Gilmer</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dorothy M. Willis</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James A Eikins</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathryn L. E. Rabinow</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Conroy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable): <b>Photography</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roland Garcia</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cathrine Rodd Selman</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gerard A. Bertolino</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Margaret Jordan</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Diann L. Lewter</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. Nixon Wheat</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kim Icenhower</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peggy Smith</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sally E. Andrews</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

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## SCHEDULE A1 (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>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Fulbright &amp; Jaworski L.L.P. Texas Committee</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Coats, Rose Political Action Committee</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/14/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/14/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Garnet F. Coleman, Campaign Ac</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/14/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gordon Welsser</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1  
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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>3/14/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lillie Robertson</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Anthony R Chase</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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 [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen I. Hodges</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ronald F. Bradshaw</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward W. Barnett</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stuart Kane</b>	7 Amount of contribution (\$): <b>\$15.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul E. Sirbaugh</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lori F. Rice</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine Y. McGhee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sally Shipman</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra J. Steward</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cathy Coers Frank</b>	7 Amount of contribution (\$): <b>\$15.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia Hunt Holmes</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filer)	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Deandre M Sam</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles D. Carter</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janet L. Redeker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judy Ann Reiner</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Marie Tate</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/20/2003**5 Full Name of Contributor:  out of state PAC  
**Edmond D. Wulfe**7 Amount of  
contribution (\$):  
**\$1,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/20/2003**5 Full Name of Contributor:  out of state PAC  
**Minnette Boesel**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/20/2003**5 Full Name of Contributor:  out of state PAC  
**Joseph Vodvarka**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/20/2003**5 Full Name of Contributor:  out of state PAC  
**Jackson Hicks**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/20/2003**5 Full Name of Contributor:  out of state PAC  
**Susan K. Russ**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bruce Aleksander</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Howard W. Horne</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry M. Blum</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles E. Armstrong</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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## SCHEDULE A1

(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>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Craig Haynie</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>R. Monty McDannald</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Randle Pollock</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra C. Lynch</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Phyllis E. Spittler</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth R. Easton</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Denise Adjei</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ellen R. Cohen</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>M. Renee Lesley-McNiel</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathy Watkins</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Adrienne T. Talan</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles J. Robinson</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Toni Beauchamp</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Locke Liddell &amp; Sapp 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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kirby Mears</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Muck</b>	7 Amount of contribution (\$): <b>\$350.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John K. Spear</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Muffie Moreney</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Andrews &amp; Kurth Texas 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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Gee</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alma Y. West</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ben Whittle</b>	7 Amount of contribution (\$): <b>\$908.00</b>	8 In kind contribution (if applicable): <b>Printing</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Pamela D. Holder</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Claudia Williamson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>H. Joe Nelson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey T. Bules</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter H. Boyle</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Micheal Hagey</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary R. Bristow</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ross C. Allyn</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gerald M. Sherman</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tony Carroll</b>	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Gregg Middleton</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/21/2003

5 Full Name of Contributor:  
Timothy E. Kollatschny out of state PAC7 Amount of  
contribution (\$):  
\$250.008 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

3/22/2003

5 Full Name of Contributor:  
Gary Teixeira out of state PAC7 Amount of  
contribution (\$):  
\$250.008 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

3/22/2003

5 Full Name of Contributor:  
Donald Lee Hauboldt out of state PAC7 Amount of  
contribution (\$):  
\$250.008 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

3/22/2003

5 Full Name of Contributor:  
Blaine R. Davis out of state PAC7 Amount of  
contribution (\$):  
\$50.008 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

3/22/2003

5 Full Name of Contributor:  
Laura F. Carroll out of state PAC7 Amount of  
contribution (\$):  
\$25.008 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Doreen N. Stoller</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John T. Greer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Irene Deleon</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerome Robinson</b>	7 Amount of contribution (\$): <b>\$1.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/22/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ralph S. O'Connor</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Daniel Pritchett**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Isabel Brown Wilson**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Carlos L. Guerguin**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Pam Helm**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Sherry Merfish**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Linebarger Goggan Blair Pena & Sampson, LLP**7 Amount of  
contribution (\$):  
**\$1,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Sheet Metal Workers Intl Assoc LU # 54**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/22/2003**5 Full Name of Contributor:  out of state PAC  
**Peggy O'Neill**7 Amount of  
contribution (\$):  
**\$400.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**5 Full Name of Contributor:  out of state PAC  
**Thomas C. Mays**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**5 Full Name of Contributor:  out of state PAC  
**Jacqueline E. Bostic**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles J. O'Connell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Truman C. Edminster</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia L. Day</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Herbert Lum</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harriet Calvin Latimer</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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1 Total pages this schedule A1: **142**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**3/28/2003**

5 Full Name of Contributor:

**C. Rennie Glover** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**3/28/2003**

5 Full Name of Contributor:

**Marc A. Campos** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**3/28/2003**

5 Full Name of Contributor:

**Imogene S Papadopoulos** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**3/28/2003**

5 Full Name of Contributor:

**Karen Nelson Thomas** out of state PAC7 Amount of  
contribution (\$):**\$300.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**3/28/2003**

5 Full Name of Contributor:

**Jenard M. Gross** out of state PAC7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Franz R. Brotzen</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terri L. Richardson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Lesley</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sarah A. Peterson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jarl W. Molander</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janine M. Brunjes</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karin R Werness</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven Paul Voisin</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Orlando J. Teran</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James Chat Sells</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan C. Young</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert S. Bridges</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laurie Ann McRay</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/28/2003**

5 Full Name of Contributor:  out of state PAC  
**Raymond Keith Fulkerson**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**

5 Full Name of Contributor:  out of state PAC  
**Rudolph H. Bruhns**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**

5 Full Name of Contributor:  out of state PAC  
**Twilight Freedman**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**

5 Full Name of Contributor:  out of state PAC  
**Candyce P. Rylander**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/28/2003**

5 Full Name of Contributor:  out of state PAC  
**Karen A. Twitchell**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph Bradley Nagar</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara Carroll</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharon M. Adams</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert C. Reeves</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack Drake</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George M. Nevers</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Houston Police Officers Union PAC</b>	7 Amount of contribution (\$): <b>\$10,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bank One, Texas, N.A. Good Government Committee</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter H. Brown</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Theola Petteway</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(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>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Texas Coalition for Good Government</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ronald B. Rea</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yolanda Black Navarro</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann T. Robinson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John R. Eckel</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shirley A. DeLibero</b>	7 Amount of contribution (\$): <b>\$125.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kim E. Whittington</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janiece M. Longoria</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven K. Champagne</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Chandler Davidson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bayless &amp; Stokes 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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Stone Interior Design</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Marthe Hall</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harry W. Reed</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia Knudson Joiner</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert W. Baker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Yarbrough</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patrick S. Lyn</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Wilhelmina R. Robertson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine A. Caldwell</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dalton C. Dehart</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vesta Rea Gaubert</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Henry Kendall Hamilton</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>			

9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Francis J Coleman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann Lents</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles Douglas Gooden</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William R. Franks</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1  
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thomas Kessler</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary L. Hollingsworth</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Emma Lou Scott</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Steven W. Kellett</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jennifer Ann Eaves</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles B. Krenzler</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith A. Butler</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jewel E. Day</b>	7 Amount of contribution (\$): <b>\$1,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynne Huffer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Saqib Kasim</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
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**SCHEDULE A1  
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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mike A. Bitoun</b>	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Louis A. Waters</b>	7 Amount of contribution (\$): <b>\$1,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Lesley</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>R. K. Robertson</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daniel J. Paetz</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carol Lynne Werner</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth Krug</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Subrata Kumar Saha</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alexander Kouznetsov</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandy Daron</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cindy L. Clifford</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>L. Brock Beatty</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bobby Blythe</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Aamir Hydari</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Justin York</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal Occupation (Optional):	10 Employer (Optional):
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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>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David A. Meserby</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary P. McNeel</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey A. Stillwell</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cheryl L. Gobert</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Saeid Roushani</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William E. Stewart</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Maureen A. Taylor</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rosemary L Wilson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Norma G. Acker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Maria S. Chamberlin</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Denise O'Doherty</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia J. Lasher</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ole Thomasen</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael J. Heaslet</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vesta Rea-Gaubert</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>4/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles W. Mayfield</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>4/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Imogene S Papadopoulos</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>4/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sophia K. Havesy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>4/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Douglas Lawing</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
4/11/2003

5 Full Name of Contributor:  out of state PAC  
**Gerald E. Wilson**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
4/11/2003

5 Full Name of Contributor:  out of state PAC  
**Gabriella Cortazar**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
4/11/2003

5 Full Name of Contributor:  out of state PAC  
**Thomas A Staudt**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
4/29/2003

5 Full Name of Contributor:  out of state PAC  
**James F. Thompson**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
4/29/2003

5 Full Name of Contributor:  out of state PAC  
**Richard D. Bebermeyer**

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

8 In kind  
contribution  
(if applicable):

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

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith L. Cross</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William K. Murphy</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynne Liberato</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James E. Crewes</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sue Ann Cox</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ruth Rothman</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eric H. Shamban</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Raybon E. Cox</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>142</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack D. Slevers</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy A. Surratt</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bruce F. Tewmey</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Muck</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>4/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lester M. Marks</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Glen A. Rosenbaum</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann Lents</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cassie B. Stinson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James Kent Gilliam</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>5/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald W Sowell</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>L. V. Richardson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kyle Bynum</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Claire L. Baker</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth Daryl Council</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edwin Earl Sargent</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>T. M. Weaver</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Stone</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David G. Puckett</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Scott P. Howard</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(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>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bradford S. Brown</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patrick S. Lyn</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffery C Balter</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Matilda Meinck</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(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>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dorothy E. Caram</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter Hafner Squire</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Fowler</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>M. A. "Ron" Diftler</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Fleischer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin Blut</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Debra Danburg</b>	7 Amount of contribution (\$): <b>\$750.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <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]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James K. Weatherly</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert R. Randolph</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth Neil Jones</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cary D. Wintz</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda Honeycutt</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Urvine E. Atkinson</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan L. Uecker</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Catherine A. Angrisani</b>	7 Amount of contribution (\$): <b>\$40.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gwendolyn A. Essinger</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Catherine Steinberg</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Leslie Kacal Matson</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Morris Havens</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jacqueline McCoy</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Stanton Wood</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Lesley</b>	7 Amount of contribution (\$): <b>\$350.00</b>	8 In kind contribution (if applicable): <b>Event Expense</b>
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alice May Berthelsen</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>142</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frances S. Flanagan</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Waland R. Weedon</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Walter Wornardt</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith Ann Allen</b>	7 Amount of contribution (\$): <b>\$40.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Connie Inbody</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (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>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William H. Lee</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael Hagey</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Houshlar Moarefi</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Anna L Bruner</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>5/20/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul J Nelson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

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