

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

104

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

Annise

NICKNAME

LAST

SUFFIX

Parker

### OFFICE USE ONLY

Date Received

RECEIVED

Date Hand-delivered or Date Postmarked

CITY SECRETARY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 66513

Houston, TX 77266

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

807-9100

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Kathy

NICKNAME

LAST

SUFFIX

Hubbard

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 66513

Houston, TX

77266

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 713 )

522-9000

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

07 / 01 / 03

THROUGH

Month Day Year

09 / 25 / 03

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 03

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council at Large, Position 1

13 OFFICE SOUGHT (if known)

City Controller

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**15 C/OH NAME** Annise Parker

**16 ACCOUNT #** (Ethics Commission filers)

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 94,845.92

**EXPENDITURE TOTALS**

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 202,330.92

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

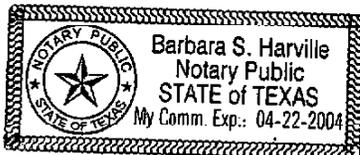
\$28,911.96

**OUTSTANDING LOAN TOTALS**

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

\$

**19 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

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

*Annise D. Parker*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ANNISE D. PARKER, this the 6<sup>th</sup> day of October, 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: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Cravens</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven J. Enright</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sarah Jane Leuth</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carol Kanig Brownstein</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/7/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven J. Enright</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John S.W. Kellett</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ruben Ortiz</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Christy Ann Hext</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Gore Thomas</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/7/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Esperanza Fernandez</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>IBEW - COPE 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Larry George Shirts</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Nichols Futch</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph A. Fischer</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Verlon B. Kitchen</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Workman Elmore</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brandy J. Miller</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Wynne Walker</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nasser Al-Tell</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rudolf H. Dieter</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carl G. Dannemann</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. R. Schoelpple</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ramona Lee Medina</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary Teixeira</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jim Makshanoff</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George G. Goolsby</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daryl Lane 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lisetta A. Lavy</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank B. Campisi</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Elizabeth Suzan Kaled** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Karen C. Derr** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Sally R. Altman** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Brazos J. Varisco Jr** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Grace M. Stuart LMSW-ACP** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

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

The instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph Longoria DDS</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia A. Bruening</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Willard L. Jackson Jr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thomas E Schwartz</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Grant J. Harvey</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert F Ernst</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Blalock Tarbet</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stephen Fraga</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kay D. Parker</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/15/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James A Elkins Jr.</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Kimbra K. Ogg** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Beverly A. McPhail** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/15/2003**

5 Full Name of Contributor:

**Cecile E. Harrison PhD** out of state PAC

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Lorraine Brown** out of state PAC

7 Amount of contribution (\$):

**\$25.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Peter Tyler** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**7/18/2003**

5 Full Name of Contributor:

**E. Drew Mehlhaff** out of state PAC

7 Amount of contribution (\$):

**\$25.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Jose L. De La Fuente** out of state PAC

7 Amount of contribution (\$):

**\$25.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Cynthia L. Garrison** out of state PAC

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Robert D. Gilbert** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/18/2003**

5 Full Name of Contributor:

**Sheree Thompson** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Martha Max Cottingham</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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>7/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joe R. Thornton</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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>7/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hally B. Walker Poindexter</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>7/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Clyde Yandell</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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>7/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Virginia 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 \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**7/18/2003**

5 Full Name of Contributor:

**David H. Berg** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/23/2003**

5 Full Name of Contributor:

**Charles Sowell** out of state PAC7 Amount of  
contribution (\$):**\$584.92**8 In kind  
contribution  
(if applicable):**Event Expense**6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/24/2003**

5 Full Name of Contributor:

**Patricia V. Denson** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/24/2003**

5 Full Name of Contributor:

**Tammy Cheri Manning** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**7/24/2003**

5 Full Name of Contributor:

**MaryJo Moffett Wilson** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lewis Antrikin</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Glenda Arch Regenbaum</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gertrude L. Barnstone</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Harold Albert Kelly Jr</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Ann Fisher</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda J. Broocks Esq.</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 \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>7/24/2003</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 \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy Paul Ackard</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 \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George P. Mitchell</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 \ Job title (See Instructions)      10 Employer (See Instructions):

4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dennis C. Gardner</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 \ Job title (See Instructions)      10 Employer (See Instructions):

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<b>POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS</b>		<b>SCHEDULE A1</b> (FOR FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ralph Coryell Frates Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey C. Phillips</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Emery Scott Harbers</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>August Galiano</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward R. Allen III, Ph.D.</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.</b> 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>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>SEIU LU #100 PAC</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharon E. Macha</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Parke Patterson</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda Hendrickson</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Willie P. Loston</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eben Reed Trask</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carole L. Dacbert</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Toby Dixon Atkinson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathryn J. Whitmire</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James L. Chisholm</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/28/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward C Norwood</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Chad M. Neal</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice L. Flowers</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Martha B. Northington</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alison Cameron</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable): <b>HQ Telephone System Installation Fee</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marie Evelyn Flores</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Faith R. Venverloh</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charlotte Doclar</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Booth Keeton</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine D. Perricone</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>7/29/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lisa M. Garvin</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Manuel Augusto Marini Sr</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>7/30/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Home-PAC (Greater Houston Bldrs Assoc)</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>8/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Meredith Lynn Johnson</b>	7 Amount of contribution (\$): <b>\$102.00</b>	8 In kind contribution (if applicable): <b>Event Expense - 4 Houston Comets Tickets</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Amy Fuld</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Celinda Lake</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen A. Tramontano</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Peter Olinger</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael A. Andrews</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Todd Metcalf</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karin Johanson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Christopher Trull</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin M Brand</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>8/4/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Chuck A. Wolfe</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>N. Stuart Spencer</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry Glenn Bevel</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Leonard Blaise Mladenka Jr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/21/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alexander N. Shreders</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**8/25/2003**5 Full Name of Contributor:  out of state PAC  
**Carlton Scott Smith**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**8/25/2003**5 Full Name of Contributor:  out of state PAC  
**Cedric W Cox**7 Amount of  
contribution (\$):  
**\$35.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**8/25/2003**5 Full Name of Contributor:  out of state PAC  
**John Douglas Parker**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**8/25/2003**5 Full Name of Contributor:  out of state PAC  
**Emily Todd**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**8/25/2003**5 Full Name of Contributor:  out of state PAC  
**Varinder P. Bobby Singh**7 Amount of  
contribution (\$):  
**\$5,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeff E. Ross Sr., PE</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laurel Anne Blanchard</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Grace F Amborski PhD</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dena A. Morris</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Tammy Tran</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>TREPAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marie Elaine Gonzalez</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/26/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Virginia P. Meador</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James D. Pritchard</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**8/26/2003**

5 Full Name of Contributor:

**Hal Edward Williams** out of state PAC

7 Amount of contribution (\$):

**\$25.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/26/2003**

5 Full Name of Contributor:

**David A. Jones** out of state PAC

7 Amount of contribution (\$):

**\$200.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/26/2003**

5 Full Name of Contributor:

**Bernard Perlmutter** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/26/2003**

5 Full Name of Contributor:

**Eileen M. Welsh** out of state PAC

7 Amount of contribution (\$):

**\$35.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**8/26/2003**

5 Full Name of Contributor:

**Herbert B. Rothschild Jr.** out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard Leon Plumb</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John T. Hannah</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara Gordin</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>8/27/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cecil Claire Conner Jr.</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>EMILY's List</b>	7 Amount of contribution (\$): <b>\$3,000.00</b>	8 In kind contribution (if applicable): <b>Travel Expense &amp; Salary for Interns</b>
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>A. Ann 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cecelia S. Keeper</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daryl Lane Moore</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/4/2003**

5 Full Name of Contributor:

**James Bicknell Knapp**

out of state PAC

7 Amount of  
contribution (\$):

**\$25.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/4/2003**

5 Full Name of Contributor:

**Glenn C. Smith**

out of state PAC

7 Amount of  
contribution (\$):

**\$75.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/4/2003**

5 Full Name of Contributor:

**Ann Chambers Taylor**

out of state PAC

7 Amount of  
contribution (\$):

**\$50.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/4/2003**

5 Full Name of Contributor:

**Mary Kay Morton**

out of state PAC

7 Amount of  
contribution (\$):

**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/4/2003**

5 Full Name of Contributor:

**Stephanie Lyn Atwood**

out of state PAC

7 Amount of  
contribution (\$):

**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Clyde Angello Twine</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marcia B. Jones</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rachel Lynn Tobor</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Allison F. Stern</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen Sue Niemeier</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jarvis Coons Beasley</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael W. Ross</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gail S. Swinney</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ella Therese Tyler</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>9/4/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Margaret Cook Skidmore</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marc Edward Betters</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Silverman Askanase</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Reba Merlin Freedman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patsy Cravens</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Geraldine Lara Kuhleman</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeanne M. Lonati</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Suzanne Paquin Nimocks</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael D. 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Stuart Bailey Jr</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerri Bullock Workman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Morin Contracting</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>McM Resources</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Irene Blake Weisser</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Beth McIntire</b>	7 Amount of contribution (\$): <b>\$750.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kimberly Kay Lopez</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Ilene Rokes</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia Dew Card</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Keetha C Buster</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.</b> 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>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gayle Supulver Ramsey</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ayn Blackburn Garza</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Robert Albright</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Booth Keeton</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nancy Ober Brame</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra McCoy 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara Moore Swartz</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Christopher M Kelly</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward Benson Cooper</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carolyn Ann Russell</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan Joel Hurwitz M.D.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith Katherine McClain</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dennis Lee Rezba</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Louise Cote</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Larissa Ann Lindsay</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Chaja Verveer</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia Couch Pitts</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jennifer Whaley Miller</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lynn Reasoner LMSW-ACP</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cheryl Ann Wolfarth</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia Gorczynski</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Claire L. Baker</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donna Waller Sunderhaft</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Leah Lax</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rose Marie Corder</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.</b> 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>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rosalind J Dworkin</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert L Parker</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Louise Holton</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Therese Elaine Sachnik</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alice Helin Brink</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elda L Coco</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharon MacDonald Jorgeson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>D. Michelle McLeod</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John S.W. Kellett</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stephen Joseph Gross</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan Jeffrey Bricker</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George O. Maida</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David I. Silverberg</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hiram Carruthers Butler</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Morton Louie Levy Jr, FAIA</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lester Alan 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Alan Rinn</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elaine Alton</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Freda Wilkerson Bass</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gail Walcott Forsythe</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Travis Luther 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen Ostrum George</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kase Lookman Lawal</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Angela M. Passaretti</b>	7 Amount of contribution (\$): <b>\$45.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/10/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lidia M Santiago</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sarah Jane Lueth</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thomas A. Sullivan</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Raymond Eckel Jr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jackie C. Shockey</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Esperanza Fernandez M.D.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/11/2003

5 Full Name of Contributor:

**Christy Ann Hext** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/11/2003

5 Full Name of Contributor:

**Terry Lynn Huffington** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2003

5 Full Name of Contributor:

**Benjamin S Warren** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2003

5 Full Name of Contributor:

**Gerald B. Smith** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/16/2003

5 Full Name of Contributor:

**Anthony D. Bell** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers):

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Larissa Ann Lindsay</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Geoffrey Kent Russell</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Gore Thomas</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth White Kidd</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia Cooper Fowler</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James William Schriver</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gay &amp; Lesbian Victory Fund PAC - Federal</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Melinda Amy Goelz</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lisa Marie Hayes</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sara Lou 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Deborah Johnson Andes</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Clare Hooper Doyle</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Virginia L. Mithoff</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Beatrice Nold M.D.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark S. Senak</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/16/2003**

5 Full Name of Contributor:

**Tom Goodwin** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/16/2003**

5 Full Name of Contributor:

**Laurie Maxfield Glaze** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/16/2003**

5 Full Name of Contributor:

**Nancy Wren Harris** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/17/2003**

5 Full Name of Contributor:

**Erin L. Custer** out of state PAC7 Amount of  
contribution (\$):  
**\$75.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/17/2003**

5 Full Name of Contributor:

**Adriene Randle Bond** out of state PAC7 Amount of  
contribution (\$):  
**\$75.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Lou Henry</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stanford J. Alexander</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathryn L. Eppston Rabinow</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mavis Parrott Kelsey Jr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra Carlyle Lynch</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard A. Kasten</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael B. Gasch</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert M. Saltzman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edith Dee Cofrin</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Martha M. Fourt</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shirley Ann DeLibero</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Eugene Philip Cannon</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gayle Supulver Ramsey</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Renetta Washington Moss</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linebarger Goggan Blair Pena &amp; Sampson, LLP</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/19/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Fund For The Future</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rodrick Barongi</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brian A. Johnson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form:

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/19/2003**

5 Full Name of Contributor:

**Melaney Amber Linton** out of state PAC7 Amount of  
contribution (\$):**\$75.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/19/2003**

5 Full Name of Contributor:

**Mark Myers Udden** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/19/2003**

5 Full Name of Contributor:

**Irene Oakley Johnson** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/19/2003**

5 Full Name of Contributor:

**Scott D. Widmeyer** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/19/2003**

5 Full Name of Contributor:

**Dougherty & Dougherty, Attorneys at Law** out of state PAC7 Amount of  
contribution (\$):**\$75.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia Blank Winn</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John DeFilippo</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vasant Kumar Hariani PE</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kathryn A. Elek</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cathryn 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Lowell Kelley</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen Nelson Thomas PLLC</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dayle Blake</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gerald M. Brady</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Andrea Jill Gerber</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth Ann 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Muffie Moroney</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/19/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan Lindquist</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Maria Sandra Scurria M.D.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.</b> 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>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven Jeffrey Allen</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brenda Joyce Peters</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sydney Ray Greenblatt</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Katherine Sullivant Kahn</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dorothy Berry Cummings</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John A. Matlage Jr.</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald W. Buchanan</b>	7 Amount of contribution (\$): <b>\$4.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Margaret A. Tsanais</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan Albert 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roy Christian Lewis</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**9/23/2003**5 Full Name of Contributor:  out of state PAC  
**Rebecca Lynn White MBA**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**9/23/2003**5 Full Name of Contributor:  out of state PAC  
**Peggy Smith**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**9/23/2003**5 Full Name of Contributor:  out of state PAC  
**Ivan George Smith  
Jr.**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**9/23/2003**5 Full Name of Contributor:  out of state PAC  
**Bruce David Aleksander**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**9/23/2003**5 Full Name of Contributor:  out of state PAC  
**Frances S. Flanagan**7 Amount of  
contribution (\$):  
**\$75.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alma Yvonne 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janet Teagarden Wilbur</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marion Sue Friedman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Lawrence Green CPA, CEP</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Brandt Corbitt Mannchen</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Nichols Futch</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hally B. Walker Poindexter</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Toni Renee Mullens</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith Lyn 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laurie Cohen Fickman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS COH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Josephine A. Marks</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donna Sue 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Weinberger</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daryl Lane 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Evajeon Pipkin Jackson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Wallace Burge Jr</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Ramon Yzaguirre</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeanne McIntyre Gillen</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nico Eric Ditzes</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME: **Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robin Carol Palmer</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Melaney Amber Linton</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John T. Hannah</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steve J. Louis</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roberto Lay-Su</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marion Kay Saunders</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>9/23/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John H. Crooker Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Laurilynn McGill</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peggy Ann 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roy Neal Tannahill</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Russell Glen Clark</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kay Sherman Staley</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jonathan Starkey Day</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carrin Foreman Patman</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Milton Leroy Scott</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/23/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alphonso Delaney</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daniel Pritchett</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary E. Ainslie</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ramona Lee Medina</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Earle Plain Martin Jr.</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Stephen David Newton</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Teresa Vilmain</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeffrey Kuchar</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry Goree</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karisa Donise Whited</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Don G. Langston</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Daryl Lane Moore</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>S. Craig Kennedy</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. H. Jones II</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sofia Ines Othon</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</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>\$4,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ruby Carla Thompson</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kandy "Kaye" Smith Horn</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Toy Brando Halsey</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Gee</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Blaine Robert 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Evelyn Born Shanley</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elmer David Engelhardt Jr.</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mei-Mei Ting Jow</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William K. Murphy MD</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rosalind L. Rotman</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alison Cameron</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME: **Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda K May</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark S. Berg</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/24/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph A. Hlavac</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William Blair Bartelloni</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Clayton Garwood</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dudley 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alicia Christine 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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>A Dean Theiss Jr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gloria Friedberger Tobor</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jenard M. Gross</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda Enders Honeycutt DC</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald Glenn 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Victoria E. Mournian</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>June Katherine 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>86</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Chavonne Marie Slovak</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kay Vivian Van Cleave Ph.D.</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry Alan 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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alice May Berthelsen</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date <b>9/25/2003</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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carmen Bernard Druke</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Adrienne Toll Talani</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Walter Max Mischer Sr.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Betty Lou Wilson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharon Sue Peterson D.D.S.</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ralph Coryell Frates Jr.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan 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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Meredith Lynn Johnson</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 \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elaine Claire Decanio</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James William Ewing</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **86**

2 FILER NAME:

**Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**9/25/2003**

5 Full Name of Contributor:

**Joseph Anthony Solis** out of state PAC7 Amount of  
contribution (\$):**\$35.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/25/2003**

5 Full Name of Contributor:

**Barbara G. Solis** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/25/2003**

5 Full Name of Contributor:

**Carole Nadelman Marmell** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/25/2003**

5 Full Name of Contributor:

**William J. Smith Jr** out of state PAC7 Amount of  
contribution (\$):**\$10.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**9/25/2003**

5 Full Name of Contributor:

**Helen I. Hodges** 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 \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>86</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>9/25/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Don Ford Stuart</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 \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$94,845.92

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F  
12

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date  
7/9/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$3,500.00

P.O. Box 667307, Houston, TX  
77266

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

Campaign Manager

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

Candidate / Officeholder name Office sought Office held

Date  
7/9/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$8,000.00

P.O. Box 667307, Houston, TX  
77266

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

Consulting Fee

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

Candidate / Officeholder name Office sought Office held

Date  
7/9/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$880.60

P.O. Box 667307, Houston, TX  
77266

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

Postage

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

Candidate / Officeholder name Office sought Office held

Date  
7/9/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$4,207.19

P.O. Box 667307, Houston, TX  
77266

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
 12

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

Date 7/9/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$70.36
------------------	--	----------------------------

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 7/9/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$51.05
------------------	--	----------------------------

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

Date 7/9/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$10.66
------------------	--	----------------------------

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

Date 7/15/2003	Payee Name Nextel ----- Payee address City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977	Amount (\$)  \$195.54
-------------------	--	-----------------------------

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

**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

12

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date  
7/25/2003

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 Fee

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

Candidate / Officeholder name

Office sought

Office held

Date  
7/25/2003

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 Fee

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

Candidate / Officeholder name

Office sought

Office held

Date  
7/28/2003

Payee Name

Treebeards

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$305.00

912 Prairie, Houston, TX 77002

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

Event Expense

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

Candidate / Officeholder name

Office sought

Office held

Date  
7/31/2003

Payee Name

Annise Parker

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$24.10

P. O. Box 66513, Houston TX  
77266

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

Reimb- Travel TCEQ Meeting

\*\* 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  
 12

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

Date 7/31/2003	Payee Name Human Rights Campaign ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$600.00
-------------------	--	--------------------------------

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 8/12/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$356.50
-------------------	--	--------------------------------

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

Date 8/12/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$240.50
-------------------	--	--------------------------------

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

Date 8/12/2003	Payee Name Grant Martin Consulting ----- Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	Amount (\$)  \$3,500.00
-------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required)  Campaign Manager	** 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  
 12

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

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 66513 Houston TX 77266	\$1,000.00

Purpose of payment (See instructions regarding type of information required)  
 Consulting Fee Sakina Lanig

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

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$76.56

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

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

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$163.20

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

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

Date 8/12/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307, Houston, TX 77266	\$10.66

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

**\*\* 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  
 12

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

Date 8/12/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P.O. Box 667307, Houston, TX 77266</b>	<b>\$8,000.00</b>

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

Date 8/12/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P.O. Box 667307, Houston, TX 77266</b>	<b>\$2,495.36</b>

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

Date 8/14/2003	Payee Name <b>Bryan Calvin &amp; Smith Insurance Agency</b>	Amount (\$)
	Payee address City; State; Zip Code <b>5322 West Belfort Street, Houston, TX 77035</b>	<b>\$1,128.22</b>

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

Date 8/14/2003	Payee Name <b>Kennedy Communications LLC</b>	Amount (\$)
	Payee address City; State; Zip Code <b>2715 M St Nw, Washington DC 20007</b>	<b>\$7,530.37</b>

Purpose of payment (See instructions regarding type of information required) <b>Research</b>	** 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 12
FILER NAME <b>Annise Parker</b>		ACCOUNT # (Ethics Commission filers)
Date 8/19/2003	Payee Name <b>Nextel</b> ----- Payee address City; State; Zip Code <b>P.O. Box 54977 Los Angeles, CA 90054-0977</b>	Amount (\$)  <b>\$101.64</b>
Purpose of payment (See instructions regarding type of information required) <b>Cell Phone</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/22/2003	Payee Name <b>Brian K. Bond</b> ----- Payee address City; State; Zip Code <b>165 Bennett Avenue, Unit 6B, New York, NY 10040</b>	Amount (\$)  <b>\$3,000.00</b>
Purpose of payment (See instructions regarding type of information required) <b>Consulting Fee</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/25/2003	Payee Name <b>Campos Communications</b> ----- Payee address City; State; Zip Code <b>816 Ralfallen St Houston, TX 77008</b>	Amount (\$)  <b>\$1,000.00</b>
Purpose of payment (See instructions regarding type of information required) <b>Consulting Fee</b>		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/25/2003	Payee Name <b>Rindy Miller Media</b> ----- Payee address City; State; Zip Code <b>501 N IH 35, Studio 115, Austin, TX 78702</b>	Amount (\$)  <b>\$99,500.00</b>
Purpose of payment (See instructions regarding type of information required) <b>Television Advertising</b>		** 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  
12

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 8/25/2003	Payee Name <b>Jewish Herald-Voice</b>	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 153, Houston, TX 77001	\$370.00

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 8/25/2003	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 66513, Houston TX 77266	\$75.11

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

Date 8/25/2003	Payee Name <b>Keith Wade</b>	Amount (\$)
	Payee address City; State; Zip Code 4810 Old Spanish Trail Houston, TX 77021	\$1,000.00

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

Date 8/28/2003	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 66513 Houston TX 77266	\$154.63

Purpose of payment (See instructions regarding type of information required) <b>Reimb- Hotel Washington D.C. Fundraiser</b>	** 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  
12

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address City; State; Zip Code

\$3.52

P. O. Box 66513, Houston TX  
77266

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

Reimb- Business Meal Washington D.C. Fundraiser

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

Candidate / Officeholder name Office sought Office held

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address City; State; Zip Code

\$4.17

P.O. Box 66513 Houston TX 77266

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

Reimb- Business Meals Washington D.C. Fundraiser

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

Candidate / Officeholder name Office sought Office held

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address City; State; Zip Code

\$3.98

P.O. Box 66513 Houston TX 77266

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

Reimb- Business Meals Washington D.C. Fundraiser

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

Candidate / Officeholder name Office sought Office held

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address City; State; Zip Code

\$1.00

P.O. Box 66513 Houston TX 77266

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

Reimb- Auto Expense Washington D.C Fundraiser

\*\* 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  
12

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1.00

P.O. Box 66513

Houston

TX

77266

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

Reimb- Auto Expense Washington D.C. Fundraiser

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

Candidate / Officeholder name

Office sought

Office held

Date  
8/28/2003

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$30.00

P.O. Box 66513

Houston

TX

77266

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

Reimb- Travel Washington D.C. Fundraiser

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

Candidate / Officeholder name

Office sought

Office held

Date  
9/2/2003

Payee Name

**Washington Mutual**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$5.00

1934 W Gray St, Houston, TX  
77006

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

Bank Fee

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

Candidate / Officeholder name

Office sought

Office held

Date  
9/4/2003

Payee Name

**Nextel**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$50.55

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

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

Cell Phone

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

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
 12

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

Date 9/11/2003	Payee Name <b>Sakina Lanig</b>	Amount (\$)
Payee address City; State; Zip Code 9100 Imogene, Unit E, Houston, TX 77036		\$1,000.00

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

Date 9/11/2003	Payee Name <b>Renita Davis</b>	Amount (\$)
Payee address City; State; Zip Code 11191 Westheimer, Ste. 572, Houston, TX 77042		\$1,250.00

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

Date 9/12/2003	Payee Name <b>Lake Snell Perry &amp; Associates</b>	Amount (\$)
Payee address City; State; Zip Code 1726 M Street, NW Suite 500 Washington, DC 20036		\$184.45

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

Date 9/16/2003	Payee Name <b>Rindy Miller Media</b>	Amount (\$)
Payee address City; State; Zip Code 501 N IH 35, Studio 115, Austin, TX 78702		\$50,000.00

Purpose of payment (See instructions regarding type of information required) <b>Television Advertising</b>	** 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  
12

FILER NAME  
**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 9/17/2003	Payee Name Martha Galvan	Amount (\$)
	Payee address P.O. Box 1562, Houston, TX 77002	\$50.00
	City; State; Zip Code	

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

Date 9/18/2003	Payee Name Fiestas Patrias	Amount (\$)
	Payee address Houston, TX 77002	\$200.00
	City; State; Zip Code	

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

Schedule F Report Total: \$202,330.92

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
7/31/2003	<b>Robbies #3</b> Payee address City; State; Zip Code <b>Hwy 290, Chappell, TX</b>	\$24.10
	Purpose of payment (See instructions regarding type of information required) <b>Travel TCEQ Meeting</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/25/2003	<b>Nino's</b> Payee address City; State; Zip Code <b>2817 West Dallas Street, Houston, TX 77019</b>	\$75.11
	Purpose of payment (See instructions regarding type of information required) <b>Sponsorship Charity Auction</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/28/2003	<b>Baltimore Intl Airport</b> Payee address City; State; Zip Code <b>Baltimore Intl Airport</b>	\$3.52
	Purpose of payment (See instructions regarding type of information required) <b>Business Meals Washington DC Fundraiser</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/28/2003	<b>Baltimore Intl Airport</b> Payee address City; State; Zip Code <b>Baltimore Intl Airport</b>	\$3.98
	Purpose of payment (See instructions regarding type of information required) <b>Business Meals Washington DC Fundraiser</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
8/28/2003	Houston Intl Airport Payee address City; State; Zip Code Houston Intl Airport	\$4.17  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Business Meals Washington DC Fundraiser	
8/28/2003	Harris Toll Road Authority Payee address City; State; Zip Code Hardy Toll Road South	\$1.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Auto Expense/Parking Washington DC Fundraiser	
8/28/2003	Harris Toll Road Authority Payee address City; State; Zip Code Hardy Toll Road South	\$1.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Auto Expense/Parking Washington DC Fundraiser	
8/28/2003	Super Shuttle Payee address City; State; Zip Code Baltimore Intl Airport	\$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required) Travel Washington DC Fundraiser	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

 FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
8/28/2003	Holiday Inn Downtown	
	Payee address City; State; Zip Code 1155 14th Street NW, Washington, D.C. 20005	\$154.63
	Purpose of payment (See instructions regarding type of information required) Hotel Washington DC Fundraiser	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Schedule G Report Total: \$297.51

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100

Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 / 24 / 2003

3. FEC IDENTIFICATION NUMBER C00193433

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 Joseph Solmonese

Signature of Treasurer Electronically Filed by Joseph Solmonese Date 07 / 24 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 3437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 5 columns and 2 rows: Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-684-110

FEC FORM 1 (Revised 1/2001)

I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

9/4/03 Eileen J. Canavan Date Deputy Assistant Staff Director For Disclosure

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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.

6. 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

**EMILY's List**

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 Amy Gilbert

Mailing Address Gilbert & Wolfand  
2201 Wisconsin Avenue  
Washington DC 20007

Title or Position ▼ Accountant CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 202 342 6000

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 Joseph Solmonese

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100  
Washington DC 20036

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 202 326 1400

Full Name of Designated Agent Caroline C. Fines

Mailing Address 1120 Connecticut Avenue, NW  
Ste 1100  
washington DC 20036

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 202 326 1400

9. **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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲



TO: Campaign  
FROM: Chuck Wolfe, President/CEO  
Gay & Lesbian Victory Fund  
DATE: Oct. 2, 2003  
RE: FEC Form

---

I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

Signed:

Chuck Wolfe  
Chuck Wolfe

Dated:

10/2/03

1705 DeSizles Street NW, Suite 500  
Washington, DC 20036  
Voice: 202.842.8679 Fax: 202.289.3863  
victory@victoryfund.org www.victoryfund.org

Printed for and authorized by the Gay & Lesbian Victory Fund. Contributions are not tax-deductible.



**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

3763-24-0007

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 (street or P.O. box)

1705 DeSales Street, NW

(Check if address is changed)

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. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-110

**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.

6. 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 Finkelmeyer

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 ]

CMBANK  
 Mailing Address  P.O. Box 19748  
 Washington DC 20036  
 CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address  
 CITY STATE ZIP CODE

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