



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME  
Ms. Annise Parker

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 62,982.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

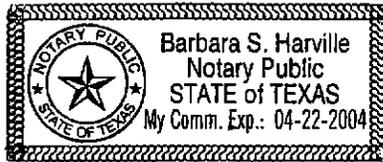
\$ 47,363.38

OUTSTANDING LOAN TOTALS

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

\$ 0.00

19 AFFIDAVIT



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

*Annise D. Parker*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ANNISE D. PARKER, this the 15<sup>th</sup> day of July, 20 02, 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>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>1/14/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michol O'Connor</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City State Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>1/14/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lon W. 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 (Optional):		10 Employer (Optional):	

4 Date <b>1/15/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>ANSUN PAC</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City State Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>1/17/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jay Marks</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City State Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>1/31/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Grande Communications Networks, Inc. PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City State Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

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

# 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: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/7/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Texas Coalition for Good Government</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>2211 North [REDACTED]</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/8/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John A. Matlage</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/8/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roland Garcia</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/8/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Weinberger</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <b>[REDACTED]</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/8/2002</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 <b>[REDACTED]</b>		

9 Principal Occupation (Optional):

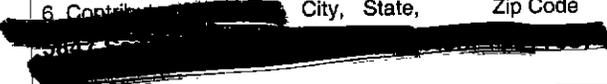
10 Employer (Optional):

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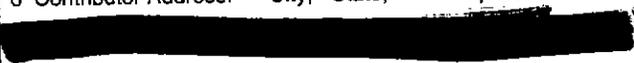
# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/8/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. Kent Friedman</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/8/2002</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>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/8/2002</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>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/11/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lane Kalmin</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 (Optional):		10 Employer (Optional):	

4 Date <b>2/11/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Arthur L. Schechter</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 (Optional):		10 Employer (Optional):	

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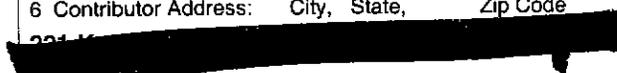
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

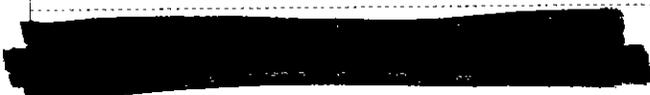
The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/11/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David M. Mincberg</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
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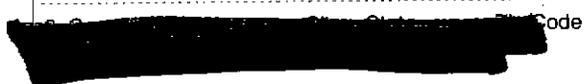
9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/11/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jane Bass Page</b> 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
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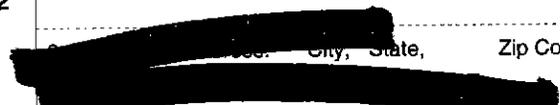
9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/13/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Albert Luna</b> 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/13/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Glenn A. Stover</b> 	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/13/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James F. Kovach</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/13/2002**

5 Full Name of Contributor:  out of state PAC  
**Terese T. Hershey**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/13/2002**

5 Full Name of Contributor:  out of state PAC  
**Sherif Mohamed**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/13/2002**

5 Full Name of Contributor:  out of state PAC  
**Charles D. Gooden**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/13/2002**

5 Full Name of Contributor:  out of state PAC  
**Richard W. Weekley**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/13/2002**

5 Full Name of Contributor:  out of state PAC  
**James A Elkins**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/13/2002

5 Full Name of Contributor:

**Patsy Cravens** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/13/2002

5 Full Name of Contributor:

**Patricia M Greer** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/15/2002

5 Full Name of Contributor:

**Lynn Herrick** out of state PAC7 Amount of  
contribution (\$):**\$2.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/18/2002

5 Full Name of Contributor:

**Betty L. Wilson** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/18/2002

5 Full Name of Contributor:

**Alan J. Hurwitz** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/18/2002</b>	5 Full Name of Contributor: <b>Robin Blut</b>   Zip Code	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/18/2002</b>	5 Full Name of Contributor: <b>Edmond D. Wulfe</b>  	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
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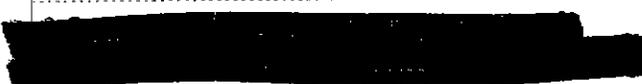
9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/18/2002</b>	5 Full Name of Contributor: <b>Mike Garver</b>  	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
----------------------------	--	---	---	---

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/18/2002</b>	5 Full Name of Contributor: <b>Fulbright &amp; Jaworski, L.L.P. Texas Committee</b>  	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/18/2002</b>	5 Full Name of Contributor: <b>Isabel Brown Wilson</b>  	<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/18/2002**

5 Full Name of Contributor:  out of state PAC  
**Locke Liddell & Sapp LLP**

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

8 In kind contribution (if applicable):



9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/18/2002**

5 Full Name of Contributor:  out of state PAC  
**Mavis P. Kelsey**

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

8 In kind contribution (if applicable):



9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/18/2002**

5 Full Name of Contributor:  out of state PAC  
**Mary Lou Henry**

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

8 In kind contribution (if applicable):



9 Principal Occupation (Optional):

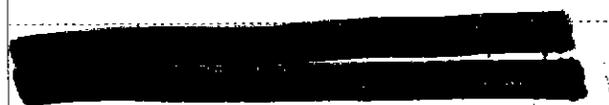
10 Employer (Optional):

4 Date  
**2/20/2002**

5 Full Name of Contributor:  out of state PAC  
**Charlotte L. Avery**

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

8 In kind contribution (if applicable):



9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/20/2002**

5 Full Name of Contributor:  out of state PAC  
**Daniel Arnold**

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

8 In kind contribution (if applicable):



9 Principal Occupation (Optional):

10 Employer (Optional):

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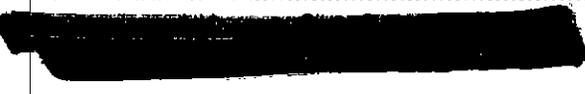
# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

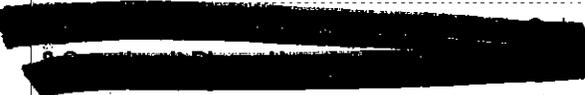
## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald L. Skipwith</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert M. Singleton</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6  Zip Code			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank E. Hood</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Douglas M. Selman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rey De La Reza</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/20/2002**

5 Full Name of Contributor:

**William M. Nix** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/20/2002**

5 Full Name of Contributor:

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/20/2002**

5 Full Name of Contributor:

**William H. White** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/20/2002**

5 Full Name of Contributor:

**Charles B. Krenzler** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/20/2002**

5 Full Name of Contributor:

**J. R. Schoelpple** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan D. Eyer</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles E Slade</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cassie B. Stinson</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara W. Winston</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jean Arden Eversmeyer</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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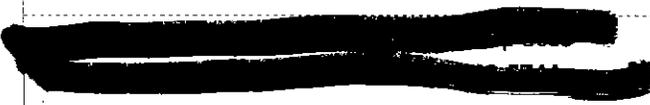
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linebarger Goggan Blair Graham Pena, Sampson</b> 6 	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
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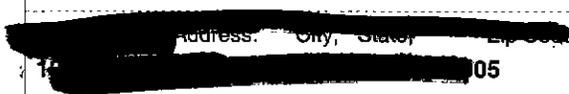
9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/20/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Stone Interior Design</b> 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
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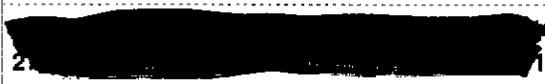
9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/21/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joe A. Williams</b> 	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/21/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George M. Nevers</b> 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date <b>2/21/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joe A. Williams</b> 	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this schedule A1: **46**

2 FILER NAME: **Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/21/2002

5 Full Name of Contributor:

**George W. Minturn**

out of state PAC

7 Amount of  
contribution (\$):

**\$25.00**

8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/21/2002

5 Full Name of Contributor:

**Jerry M. Blum**

out of state PAC

7 Amount of  
contribution (\$):

**\$100.00**

8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/21/2002

5 Full Name of Contributor:

**Charles B. Holm**

out of state PAC

7 Amount of  
contribution (\$):

**\$250.00**

8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/21/2002

5 Full Name of Contributor:

**Joe A. Williams**

out of state PAC

7 Amount of  
contribution (\$):

**\$25.00**

8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

2/21/2002

5 Full Name of Contributor:

**C.C. Lee**

out of state PAC

7 Amount of  
contribution (\$):

**\$100.00**

8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/22/2002**5 Full Name of Contributor:  out of state PAC  
**James Vick**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**5 Full Name of Contributor:  out of state PAC  
**Scot Alan Hedrick**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**5 Full Name of Contributor:  out of state PAC  
**Francisco M Perez**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**5 Full Name of Contributor:  out of state PAC  
**Carol M. Carter**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**5 Full Name of Contributor:  out of state PAC  
**Timothy G. Cagle**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/22/2002**

5 Full Name of Contributor:  out of state PAC  
**Melissa A. Burrows**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**

5 Full Name of Contributor:  out of state PAC  
**Robert R. Briddick**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**

5 Full Name of Contributor:  out of state PAC  
**Marion S. Friedman**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**

5 Full Name of Contributor:  out of state PAC  
**Fred W Wilson**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/22/2002**

5 Full Name of Contributor:  out of state PAC  
**John P. Peden**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/22/2002**

5 Full Name of Contributor:

**James C. Groves** out of state PAC7 Amount of  
contribution (\$):**\$200.00**8 In kind  
contribution

(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/22/2002**

5 Full Name of Contributor:

**Barbara Sklar** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution

(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/22/2002**

5 Full Name of Contributor:

**Steven R. Biegel** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution

(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/22/2002**

5 Full Name of Contributor:

**Diann Lewter** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution

(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/22/2002**

5 Full Name of Contributor:

**Artie Lee Hinds** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution

(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

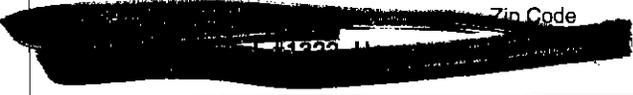
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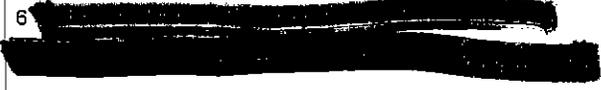
**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James L. Maxwell</b>  6  Zip Code	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph A. Hlavac</b>  6 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
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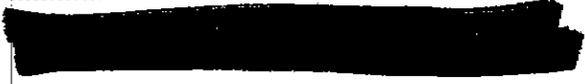
9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James W. McElgunn</b>  6 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Zelda Rick</b>  6 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Mitchell</b>  6 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional):	10 Employer (Optional):
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy J. Martinez</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED] Zip Code			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Doug Lawing</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED] Zip Code			

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date <b>2/22/2002</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: [REDACTED] Zip Code			

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

4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gayle Ramsey</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED] Zip Code			

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

4 Date <b>2/22/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John W. Walzel</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED] Zip Code			

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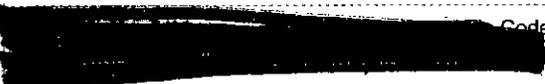
# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

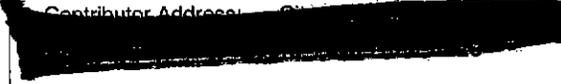
The Instruction Guide explains how to complete this form.

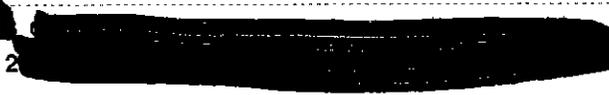
1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Narene Kee</b> Code 	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul H. Asofsky</b> 6 Contributor Address: City, State, Zip Code 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>A. G. Unterharnscheidt</b> Contributor Address: 	7 Amount of contribution (\$): <b>\$30.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert J. Pinney</b> Contributor Address: 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gordon Weisser</b> Contributor Address: 	7 Amount of contribution (\$): <b>\$300.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ralph O'Connor</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth D Council</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 State, Zip Code [REDACTED] 19-5335		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ann Lents</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 State, Zip Code [REDACTED] Austin, TX 77019-		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Raquel Cedillo</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda Honeycutt</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hobby Texas Fund</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6  Zip Code		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/24/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gary Teixeira</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6  Zip Code		

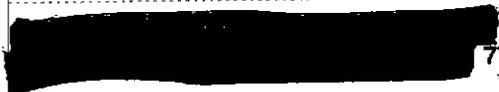
9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Howard W. Horne, Sr.</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
	6  Zip Code		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John M. O'Quinn</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6  Code <b>77002-</b>		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth Suzan Kaled</b>	7 Amount of contribution (\$): <b>\$400.00</b>	8 In kind contribution (if applicable):
	6  Zip Code		

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: <b>46</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>C. Rennie Glover</b> [Redacted] Zip Code	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Deborah Kaye Holmes</b> [Redacted] Zip Code	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Adrian Neil Havens</b> [Redacted] Zip Code	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan Marie Tate</b> [Redacted] Zip Code	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ricky Kamins</b> [Redacted] Zip Code	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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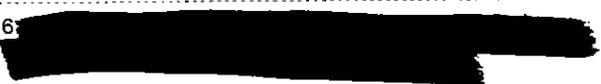
# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

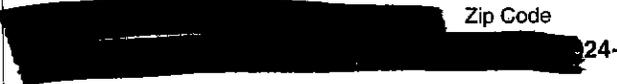
1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dolores A. Lamb</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6: 			

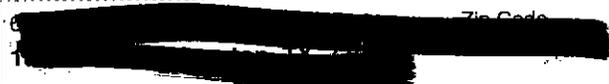
9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carol K Brownstein</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6:  Zip Code <b>24-</b>			

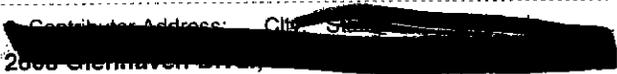
9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerry Jeanmard</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6:  Zip Code			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/25/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dorothy E. Caram</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6: Contributor Address: City, State <b>2008 Glenmaven Drive,</b> 			

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date <b>2/26/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Herbert B. Rothschild</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6: 			

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Ross C. Allyn**

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

8 In kind contribution (if applicable):

[REDACTED] 008

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Barry J. Palmer**

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

8 In kind contribution (if applicable):

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Alice L. Aanstoos**

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

8 In kind contribution (if applicable):

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Lewis S. Brogan**

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

8 In kind contribution (if applicable):

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Jewel E. Day**

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

8 In kind contribution (if applicable):

[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**David P. Mohle**

7 Amount of contribution (\$):  
**\$9.00**

8 In kind contribution (if applicable):

6 Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Cindy L. Clifford**

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

8 In kind contribution (if applicable):

6 Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Larry Homan**

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

8 In kind contribution (if applicable):

6 Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**James D. Dannenbaum**

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

8 In kind contribution (if applicable):

6 Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Larry Berkman**

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

8 In kind contribution (if applicable):

6 Code  
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Karin R Werness**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Turner Collie & Braden PAC**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Coats, Rose Political Action Committee**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Claudia Williamson for City Council**

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

8 In kind contribution (if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**2/26/2002**

5 Full Name of Contributor:  out of state PAC  
**Winstead Sechrest & Minic**

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

8 In kind contribution (if applicable):

6 Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/26/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linda J. Broocks</b>  <b>[REDACTED]</b> Austin, TX	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Holly R. Montalbano</b>  <b>[REDACTED]</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Zelma Etheredge</b>  <b>[REDACTED]</b> 025-2901	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gerald M. Brady</b>  <b>[REDACTED]</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary K. Lowery</b>  <b>[REDACTED]</b> City, State, Zip Code	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/27/2002**

5 Full Name of Contributor:

**John Michael Gonzalez** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/27/2002**

5 Full Name of Contributor:

**Sanford W. Criner** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/27/2002**

5 Full Name of Contributor:

**Ella T. Tyler** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/27/2002**

5 Full Name of Contributor:

**Hugh J. Battett** out of state PAC7 Amount of  
contribution (\$):**\$35.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/27/2002**

5 Full Name of Contributor:

**David J. Leal** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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

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2 FILER NAME: **Annise Parker** 3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mack Fowler</b> Contributor Address: [REDACTED]	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edward T. Inderwish</b> 6 Contributor Address: [REDACTED]	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
----------------------------	--	---	---

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

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carol Gradziel</b> Contributor Address: [REDACTED]	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
----------------------------	---	---	---

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

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John T. Fenoglio</b> Contributor Address: [REDACTED]	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
----------------------------	---	---	---

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

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William F. Bulcher</b> Contributor Address: [REDACTED]	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional): 10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rebecca L. White</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jon K. Gossett</b>  [REDACTED]	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Walden &amp; Associates</b>  [REDACTED]	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vinson &amp; Elkins Texas Political Action Committee</b>  [REDACTED] Zip Code	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>TREPAC</b>  [REDACTED]	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>ChaseCom Limited Partnership</b> 	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
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9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jerome Robinson</b> 	7 Amount of contribution (\$): <b>\$1.00</b>	8 In kind contribution (if applicable):
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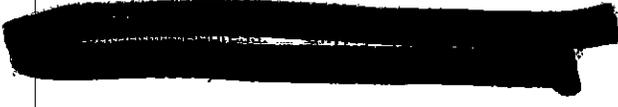
9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janiece M. Longoria</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
----------------------------	--	---	---

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

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Cornelius Ryan</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
----------------------------	--	---	---

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

4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Graham B. Painter</b> 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
----------------------------	--	---	---

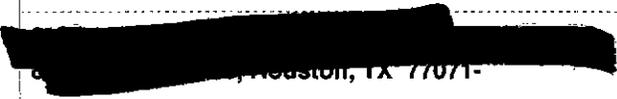
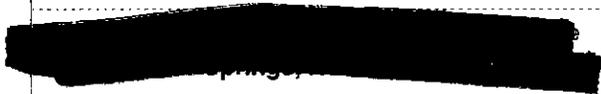
9 Principal Occupation (Optional): 10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert Stein</b>  Houston, TX 77071-	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Antoinette Jackson</b> 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cliff P McDaniel</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ronald Brookfield</b> 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>2/27/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Berg</b> 	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable) :
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/27/2002**

5 Full Name of Contributor:

**Richard J. Porter** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Max P Watson** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Patsy Lesley** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Jamie S. Brewster** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Hermes & Reed Partnership PAC** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**2/28/2002**

5 Full Name of Contributor:

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Jan Cunningham** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

**Planned Parenthood of Hous. & SE TX Action Fnd Inc** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**2/28/2002**

5 Full Name of Contributor:

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

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

**3/1/2002**

5 Full Name of Contributor:

**Joseph C. Ledvina** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Ivan George Smith**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Donald Hauboldt**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Kim Y Frost**7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Sandra Reagan Jones**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Herbert Lum**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Rikki S. Canelstein**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip  


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Nancy B Rapoport**7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip  


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Charles Rash**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip  


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**CDMPAC**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip  


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  out of state PAC  
**Mayer Brown & Platt**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip  
 002730

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2002**

5 Full Name of Contributor:  out of state PAC  
**Karim A Alkadhi**

7 Amount of contribution (\$):  
**\$20.00**

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**

5 Full Name of Contributor:  out of state PAC  
**William J. Smith**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**

5 Full Name of Contributor:  out of state PAC  
**Dalton C. Dehart**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**

5 Full Name of Contributor:  out of state PAC  
**Jennifer Lemke**

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

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**

5 Full Name of Contributor:  out of state PAC  
**David W. Arpin**

7 Amount of contribution (\$):  
**\$400.00**

8 In kind contribution (if applicable):

6 [Redacted]

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Henry De La Garza** out of state PAC7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):

057

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**James D. Seegers** out of state PAC7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Mark Boyer** out of state PAC7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Gene Jones** out of state PAC7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Steve J. Louis** out of state PAC7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

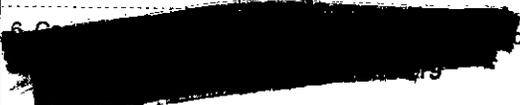
10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/1/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Robert C Reeves</b> 6 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/1/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Angela Blanchard</b> 6 	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/1/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Samuel S. Lusk</b> 6 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/1/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John Gregg Middleton</b> 6 	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/1/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jacqueline D Cayton</b> 6 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Larry D. George** out of state PAC7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Ellen Cohen** out of state PAC7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Peter Hoyt Brown** out of state PAC7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/1/2002**5 Full Name of Contributor:  
**Eleanor A Sanborn Tyler** out of state PAC7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  
**J.D. Black** out of state PAC7 Amount of  
contribution (\$):  
**\$20.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Cathy Coers Frank**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable) :

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**William A. Lawson**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable) :

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Barry Mandel**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable) :

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Hilary Smith**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable) :

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Marc Campos**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable) :

9 Principal Occupation (Optional):

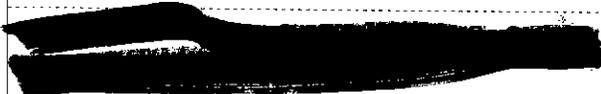
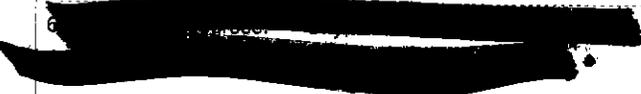
10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hal Edward Williams</b> 	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joan F Jenkins</b> 	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</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):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Beth Weikerth</b> 	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Cunningham</b> 	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

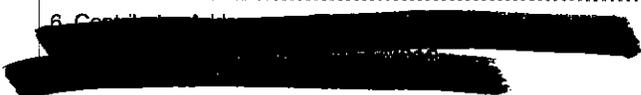
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Patricia J. Lasher</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address 			

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

4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lee Kaplan</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address 			

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

4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judson W. Robinson</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address  Zip Code <b>7007</b>			

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

4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kimberly S. Maki</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
6 Contributor Address  Zip Code <b>77429</b>			

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

4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michael S Stevens</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address  Zip Code <b>079-</b>			

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **46**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**John Gregg Middleton**7 Amount of  
contribution (\$):  
**\$750.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Houston Fire Fighters L-341 Political Action Fund**7 Amount of  
contribution (\$):  
**\$1,000.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Ardath A Payne**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Beth Wolff**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date  
**3/4/2002**5 Full Name of Contributor:  out of state PAC  
**Reddy Cypresswood, L.P.**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):

9 Principal Occupation (Optional):

10 Employer (Optional):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>46</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John D. Freeman</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: P. [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Debra S. Brashears</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date <b>3/4/2002</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Fleischer</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 1
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/17/2002	5 Payee name Annise Parker 6 [REDACTED] City; State; Zip Code	7 Amount (\$) 25.00
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Women's Political Forum		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker [REDACTED] [REDACTED]	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Women's Contractors Assoc		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Songfest		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker Payee address;      City; State; Zip Code 609 Welch Houston TX 77006	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - American Leadership Forum		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 2
<b>2</b> FILER NAME Ms. Annise Parker		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 01/17/2002	<b>5</b> Payee name Annise Parker	<b>7</b> Amount (\$) 25.00
<b>6</b> [REDACTED] Zip Code		
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Women's Political Forum		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker	Amount (\$) 25.00
[REDACTED] City; State; Zip Code		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - S. Union Civic Club		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker	Amount (\$) 20.00
[REDACTED]		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - 4th Mission Baptist Church		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker	Amount (\$) 25.00
[REDACTED]		
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Women's Political Forum		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 3
<b>2</b> FILER NAME Ms. Annise Parker		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 01/17/2002	<b>5</b> Payee name Annise Parker   	<b>7</b> Amount (\$) 100.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Shape Center		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker   	Amount (\$) 8.95
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker   City; State; Zip Code	Amount (\$) 60.89
Purpose of expenditure (See instructions regarding type of information required.) Reimb-meeting refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name Annise Parker    	Amount (\$) 50.22
Purpose of expenditure (See instructions regarding type of information required.) Reimb-meeting refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/17/2002	5 Payee name Annise Parker 6 [REDACTED]	7 Amount (\$) 70.00
8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for meeting refreshments		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/21/2002	Payee name Annise Parker [REDACTED]	Amount (\$) 48.88
Purpose of expenditure (See instructions regarding type of information required.) Reimb-meeting refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/25/2002	Payee name Annise Parker [REDACTED]	Amount (\$) 101.44
Purpose of expenditure (See instructions regarding type of information required.) Reimb-Sponsorship-Uncommon Legacy		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/08/2002	Payee name Annise Parker [REDACTED]	Amount (\$) 5.61
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Volunteer Refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/08/2002	5 Payee name Annise Parker  6. 	7 Amount (\$) 25.00
8 Purpose of expenditure (See instructions regarding type of information required.) Reimb-Women's Political Forum Dues		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/08/2002	Payee name Annise Parker   	Amount (\$) 26.40
Purpose of expenditure (See instructions regarding type of information required.) Reimb-meeting refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 06/04/2002	Payee name Annise Parker  Payee address;      City; State; Zip Code. 609 Welch  Houston TX 77006	Amount (\$) 112.43
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Sponsorship - Montrose Counseling Ctr		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/17/2002	Payee name EPAH   	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 6
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/14/2002	5 Payee name Federal Club  6 [REDACTED] City, State [REDACTED] 000	7 Amount (\$) 600.00
8 Purpose of expenditure (See instructions regarding type of information required.) Dues & Memberships		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/06/2002	Payee name Gay & Lesbian Victory Fund  Payee address: [REDACTED]; Zip Code [REDACTED] [REDACTED]	Amount (\$) 1200.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/27/2002	Payee name Giles-Snyder Design  [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 7166.11
Purpose of expenditure (See instructions regarding type of information required.) Printing and Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/03/2002	Payee name Giles-Snyder Design  [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 717.16
Purpose of expenditure (See instructions regarding type of information required.) Printing and Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
7

2 FILER NAME  
Ms. Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date  
02/05/2002

5 Payee name  
Grant Martin Consulting

7 Amount (\$)  
80.24

6 [Redacted] City; State; Zip Code  
[Redacted]  
[Redacted]

8 Purpose of expenditure (See instructions regarding type of information required.)  
Postage & Mail House Exp.

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

Date  
02/05/2002

Payee name  
Grant Martin Consulting

Amount (\$)  
1600.00

[Redacted] City; State; Zip Code  
[Redacted]  
[Redacted] 7266

Purpose of expenditure (See instructions regarding type of information required.)  
GOTV Expenses

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

Date  
02/05/2002

Payee name  
Grant Martin Consulting

Amount (\$)  
4000.00

[Redacted] City; State; Zip Code  
[Redacted]  
[Redacted]

Purpose of expenditure (See instructions regarding type of information required.)  
Consulting Services

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

Date  
03/10/2002

Payee name  
Grant Martin Consulting

Amount (\$)  
272.78

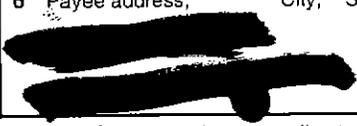
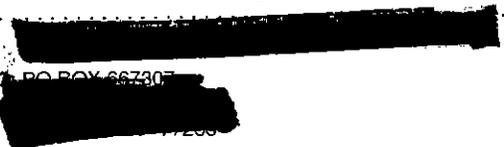
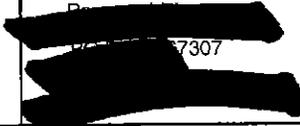
[Redacted] City; State; Zip Code  
[Redacted]  
[Redacted]

Purpose of expenditure (See instructions regarding type of information required.)  
Printing and Reproduction

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/10/2002	5 Payee name Grant Martin Consulting ..... 6 Payee address; City; State; Zip Code 	7 Amount (\$) 6293.01
8 Purpose of expenditure (See instructions regarding type of information required.) Postage & Mail House Exp.		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/10/2002	Payee name Grant Martin Consulting .....  P.O. BOX 667307 ..... 787200	Amount (\$) 75.00
Purpose of expenditure (See instructions regarding type of information required.) Event Expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/10/2002	Payee name Grant Martin Consulting ..... 	Amount (\$) 2661.02
Purpose of expenditure (See instructions regarding type of information required.) Event Expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/10/2002	Payee name Grant Martin Consulting .....  ..... 7307	Amount (\$) 4000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 9
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/10/2002	5 Payee name Grant Martin Consulting 6	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Advertisements	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 03/10/2002	Payee name Grant Martin Consulting Code	Amount (\$) 370.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisements	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 04/10/2002	Payee name Grant Martin Consulting Payee address  PO BOX 	Amount (\$) 84.21
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 04/10/2002	Payee name Grant Martin Consulting 	Amount (\$) 9.74
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 04/10/2002	5 Payee name Grant Martin Consulting  6	7 Amount (\$) 4000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting Services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/01/2002	Payee name Grant Martin Consulting   1628	Amount (\$) 242.48
Purpose of expenditure (See instructions regarding type of information required.) Web Page		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/01/2002	Payee name Grant Martin Consulting   1628	Amount (\$) 14.30
Purpose of expenditure (See instructions regarding type of information required.) Volunteer Refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/01/2002	Payee name Grant Martin Consulting   PO BOX 12070 Austin TX 78711	Amount (\$) 8.16
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages report: 11
<b>2</b> FILER NAME Ms. Annise Parker		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 05/01/2002	<b>5</b> Payee name Grant Martin Consulting  <b>6</b>	<b>7</b> Amount (\$) 45.58
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Office Supplies	<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 05/01/2002	Payee name Grant Martin Consulting  	Amount (\$) 4000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 06/05/2002	Payee name Grant Martin Consulting  	Amount (\$) 74.46
Purpose of expenditure (See instructions regarding type of information required.) Postage & Mail House Exp.	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	
Date 06/05/2002	Payee name Grant Martin Consulting  	Amount (\$) 500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Services	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 12
<b>2</b> FILER NAME Ms. Annise Parker		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 06/05/2002	<b>5</b> Payee name Grant Martin Consulting  <b>6</b> Payee address 	<b>7</b> Amount (\$) 3500.00
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Consulting Services		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/05/2002	Payee name Harris County Democrats    	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Dues & Memberships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 05/08/2002	Payee name Harris County Tejano Democrats    	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Dues & Memberships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/25/2002	Payee name Houston Gay & Lesbian Political Caucus,P    	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 13
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/17/2002	5 Payee name Houston Realty Breakfast Club  6 [REDACTED] [REDACTED] 7266-6247	7 Amount (\$) 180.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/27/2002	Payee name Hubbard Financial Services  [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Reimb - Campaign phone line		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/18/2002	Payee name Internal Revenue Service  [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 567.00
Purpose of expenditure (See instructions regarding type of information required.) Tax on CD interest		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/28/2002	Payee name Jewish Herald-Voice  [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 390.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisements		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 14
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/2002	5 Payee name LULAC District VIII [REDACTED] [REDACTED] [REDACTED]	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 06/10/2002	Payee name Leadership Houston [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/04/2002	Payee name NP Services [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 2482.54
Purpose of expenditure (See instructions regarding type of information required.) Postage & Mail House Exp.		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 01/03/2002	Payee name Planned Parenthood of Houston & SE Texas [REDACTED] [REDACTED] [REDACTED]	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/11/2002	5 Payee name Voice Stream 	7 Amount (\$) 23.58
8 Purpose of expenditure (See instructions regarding type of information required.) Telephone		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 02/06/2002	Payee name Voice Stream 	Amount (\$) 23.58
Purpose of expenditure (See instructions regarding type of information required.) Telephone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 03/13/2002	Payee name Voice Stream 	Amount (\$) 28.64
Purpose of expenditure (See instructions regarding type of information required.) Telephone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 04/10/2002	Payee name Voice Stream 	Amount (\$) 31.28
Purpose of expenditure (See instructions regarding type of information required.) Telephone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages report: 16
<b>2</b> FILER NAME Ms. Annise Parker		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date 05/14/2002	<b>5</b> Payee name Voice Stream ..... <b>6</b> Payee address; City; State; Zip Code 2 E Greenway Plz # 1100 Houston TX 77046	<b>7</b> Amount (\$) 23.91
<b>8</b> Purpose of expenditure (See instructions regarding type of information required.) Telephone		<b>9</b> Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
Date 06/04/2002	Payee name Voice Stream ..... Payee address; City; State; Zip Code 2 E Greenway Plz # 1100 Houston TX 77046	Amount (\$) 23.78
Purpose of expenditure (See instructions regarding type of information required.) Telephone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held