

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

61

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Annise

NICKNAME

LAST

SUFFIX

Parker

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 66513 Houston, TX 77266

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 807-9100

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Kathy

NICKNAME

LAST

SUFFIX

Hubbard

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2615 Montrose Blvd. Houston, TX 77006

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 522-9000

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer
appointment (officeholder only)

July 15

8th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

09 / 26 / 03

THROUGH

Month Day Year

10 / 25 / 03

11 ELECTION

ELECTION DATE

Month Day Year

11 / 04 / 03

ELECTION TYPE

Primary

Runoff

General

Special

12 OFFICE

OFFICE HELD (if any)

City Council at Large, Position 1

13 OFFICE SOUGHT (if known)

City Controller

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME
Annise Parker

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$

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

\$76,505.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 89,594.70

CONTRIBUTION BALANCE

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

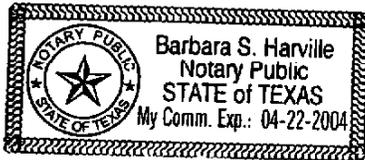
\$ 21,607.26

OUTSTANDING LOAN TOTALS

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

\$ 10,000.00

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 27th day of October, 2003, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S. HARVILLE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

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

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/26/2003

5 Full Name of Contributor:

Nana Laurel Booker out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Judith Lyn Wallace out of state PAC7 Amount of
contribution (\$):**\$150.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Helen Ann Fisher out of state PAC7 Amount of
contribution (\$):**\$75.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Richard H. Caldwell out of state PAC7 Amount of
contribution (\$):**\$75.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Melanie Gray out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/26/2003

5 Full Name of Contributor:

Jody Blazek
 out of state PAC

 7 Amount of
contribution (\$):

\$75.00

 8 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Katherine A. Monteiro
 out of state PAC

 7 Amount of
contribution (\$):

\$30.00

 8 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Melissa Bondy
 out of state PAC

 7 Amount of
contribution (\$):

\$250.00

 8 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Joseph Bradley Nagar
 out of state PAC

 7 Amount of
contribution (\$):

\$100.00

 8 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/26/2003

5 Full Name of Contributor:

Margaret Dower
 out of state PAC

 7 Amount of
contribution (\$):

\$25.00

 8 In kind
contribution
(if applicable) :

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/27/2003

5 Full Name of Contributor:

Jill Rae Houck out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/30/2003

5 Full Name of Contributor:

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/2/2003

5 Full Name of Contributor:

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/2/2003

5 Full Name of Contributor:

Michael B. McPhail out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/2/2003

5 Full Name of Contributor:

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
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 1 Total pages this schedule A1: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/2/2003

5 Full Name of Contributor:

Lynda M. Kombleat
 out of state PAC

7 Amount of contribution (\$):

\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/2/2003

5 Full Name of Contributor:

Nathelyne A. Kennedy PE
 out of state PAC

7 Amount of contribution (\$):

\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

John W. Thome
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Gregory Seth Hyatt
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Mark Angus McKinnon
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A1: **47**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

Jerry Lloyd Moore Jr out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Judith Angela Blanchard out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

William Earl Colburn out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

James F. Kovach 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Timothy A. Surratt 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 \ Job title (See Instructions)

10 Employer (See Instructions):

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SCHEDULE A1

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2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

James Douglas Seegers 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Andrea Jill Gerber out of state PAC7 Amount of
contribution (\$):**\$150.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Douglas L. Ereon out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Bruce W. Smith D.D.S. out of state PAC7 Amount of
contribution (\$):**\$200.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

James A. Null out of state PAC7 Amount of
contribution (\$):**\$200.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

David W. Arpin out of state PAC7 Amount of
contribution (\$):**\$200.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

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

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Kenneth Alden Clark out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Larry Weiss Buck out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Janine Marie Brunjes RN, MA out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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

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 1 Total pages this schedule A1: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

Brennan R. Collins
 out of state PAC

7 Amount of contribution (\$):

\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Robert C. Reeves Jr.
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Tony Max Shelton
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Mark Stanton Wood
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Vernon Gregory Ledford
 out of state PAC

7 Amount of contribution (\$):

\$100.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. H. Jones II	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. Ann Alexander	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patrick Richard Newport	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glenn A. Dickson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Holden Shannon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **47**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/3/2003

5 Full Name of Contributor:

James Arthur Binkley out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Karen C. Derr out of state PAC7 Amount of
contribution (\$):**\$300.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

George M. Nevers out of state PAC7 Amount of
contribution (\$):**\$200.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Fran Brochstein out of state PAC7 Amount of
contribution (\$):**\$20.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/3/2003

5 Full Name of Contributor:

Barbara Ann Lauterbach out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kathryn L. Eppston Rabinow	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harold John Riley Jr	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis Arthur Zumstein	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TSC Fund	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bennett M. Almond Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alice Cowan	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Martha Hall RN	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dan Nip	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carmen E. Velez	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D Darrell Vaughn	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael James Collins	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard F. Kammerer	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jewel E. Day D.D.S.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrew P. Tobias	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] 17		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

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

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

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

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

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith Fletcher Olin	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan Abel Lieberman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 47
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

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

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

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

4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joy Lynn Dansby	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

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

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

4 Date 10/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anne Perkins Graubart	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

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

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

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

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward William Barnett Jr	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 47
2 FILER NAME:	Annise Parker	3 ACCOUNT # (Ethics Commission filers)

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

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

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia Hunt Holmes	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Len Davis Slusser	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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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: 47
2 FILER NAME:
Annise Parker
3 ACCOUNT # (Ethics Commission filers)
4 Date
10/7/2003
5 Full Name of Contributor:
Betty Conrad Adam
 out of state PAC

**7 Amount of
contribution (\$):**
\$50.00
**8 In kind
contribution
(if applicable):**
6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/7/2003
5 Full Name of Contributor:
Wilford A. Weber
 out of state PAC

**7 Amount of
contribution (\$):**
\$50.00
**8 In kind
contribution
(if applicable):**
6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/7/2003
5 Full Name of Contributor:
Helene Harvey
 out of state PAC

**7 Amount of
contribution (\$):**
\$25.00
**8 In kind
contribution
(if applicable):**
6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/7/2003
5 Full Name of Contributor:
John F. Robbins
 out of state PAC

**7 Amount of
contribution (\$):**
\$100.00
**8 In kind
contribution
(if applicable):**
6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
4 Date
10/7/2003
5 Full Name of Contributor:
Maria Stuart Chamberlin
 out of state PAC

**7 Amount of
contribution (\$):**
\$100.00
**8 In kind
contribution
(if applicable):**
6 Contributor Address: City, State, Zip Code
9 Principal occupation \ Job title (See Instructions)
10 Employer (See Instructions):
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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/2003

5 Full Name of Contributor:

Donald Leonard Dahn out of state PAC7 Amount of
contribution (\$):**\$30.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

Cedric W Cox out of state PAC7 Amount of
contribution (\$):**\$35.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

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

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

Andrew English Anderson out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/7/2003

5 Full Name of Contributor:

Richard Gordon Stout out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7/2003

5 Full Name of Contributor:

Lloyd Millard Bentsen Jr out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/8/2003

5 Full Name of Contributor:

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

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/8/2003

5 Full Name of Contributor:

Donna Marie Meadows out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/8/2003

5 Full Name of Contributor:

Daniel J Plette out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

10/8/2003

5 Full Name of Contributor:

Kim I King out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Woolley Petersen	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Myers Udden	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald B. Rea PhD	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bette Ann Stead	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 54			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claudia F. Williamson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

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

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glenda L. Barrett	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra R. Andersen	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mona Gayle Goodman MSW	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

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

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry Jay Thompson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sarah A. Bagley Peterson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **47**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jocelyn Marie Sears	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Magee Gregory	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

4 Date 10/8/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hermes Architects PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/9/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bob Gilbert	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

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

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

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Wayne Harvey	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Timothy Hickey	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy Chiczewski	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Grace M. Stuart LMSW-ACP	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linebarger Goggan Blair Pena & Sampson, LLP	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Across the Track PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc. Cash Donation \$50 or less	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Forrest Thompson	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peter E Weidler	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Nixon Wheat	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill D. Baldwin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlene Lea Smith	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Howard Michael Kahn	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph Longoria DDS	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Angelo Massa	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth M Williams	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cornelius Joseph Calnan	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy C. Fogarty	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bert Henry Golding	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/13/20035 Full Name of Contributor: out of state PAC
Laura Clyburn7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/13/20035 Full Name of Contributor: out of state PAC
John K. Spear AIA7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/20035 Full Name of Contributor: out of state PAC
John Kyles7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/20035 Full Name of Contributor: out of state PAC
Diane Townsend Kingshill7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/20035 Full Name of Contributor: out of state PAC
Clarence Ray Liddell7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **47**

2 FILER NAME: **Annisie Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/15/2003

5 Full Name of Contributor: out of state PAC
SEIU COPE Fund

7 Amount of
contribution (\$):
\$2,000.00

8 In kind
contribution
(if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/2003

5 Full Name of Contributor: out of state PAC
EMILY's List Federal Fund

7 Amount of
contribution (\$):
\$1,900.00

8 In kind
contribution
(if applicable):
Campaign Staff

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/15/2003

5 Full Name of Contributor: out of state PAC
John Silberman

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

8 In kind
contribution
(if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/20/2003

5 Full Name of Contributor: out of state PAC
Maurine Bybee

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

8 In kind
contribution
(if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/20/2003

5 Full Name of Contributor: out of state PAC
Felix William Othon P.E.

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

8 In kind
contribution
(if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filer)

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis W. Sander PE	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ross Carl Allyn	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R Gary Montgomery PE	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephen Carl Costello PE	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Scott F. Basinger M.D.	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carol Elizabeth Gradziel	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann Lents	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey Kenley Walker	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Ralph Jay Monroe Jr	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Frederic Ernst	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC HAA Better Government Fund	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy C Flatt	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lisetta Ann Lavy	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Felcia Ann Zbranek	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chinavudh Wanissorn Ph.D.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sheet Metal Workers Intl Assoc LU # 54 PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 9 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC M. Associates of Houston	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 9 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC SIMA of Houston	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 9 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leah Kay Lynch McFadden	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 9 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Olga L. Moya	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 9 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sarah G Burtram PhD	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christine I Silkwood	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John A. Harris	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter N. Graham III	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael David Bastasch	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission files)

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeffery Craig Balter	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John William Murphy	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lambert Gerard Arceneaux	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Grant J. Harvey	7 Amount of contribution (\$): \$350.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brenda K Roberts	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Julla Wolf	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert B. Cohen	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael McSwain Fowler	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cedric W Cox	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sarah L. Smith	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/21/20035 Full Name of Contributor: out of state PAC
Douglas L. Lawing7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/21/20035 Full Name of Contributor: out of state PAC
Daniel Calmes Arnold7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/21/20035 Full Name of Contributor: out of state PAC
David Stone7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/21/20035 Full Name of Contributor: out of state PAC
Ronald Franklin Foster7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/21/20035 Full Name of Contributor: out of state PAC
Randolph Kendall Tibbits7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 47
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bobby T White	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith Lee McConnell	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Palge Phillips	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stewart Lee Zuckerbrod M.D.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Catherine J Leachman	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 47
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Diana P. Hobby	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/23/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nicholas Davis	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/23/2003	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC EMILY's List Federal Fund	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/23/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George C. Lancaster	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

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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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/23/20035 Full Name of Contributor: out of state PAC
Racheal Johnson7 Amount of
contribution (\$):
\$2,500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/23/20035 Full Name of Contributor: out of state PAC
Charles Davis7 Amount of
contribution (\$):
\$2,500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
J. Kent Friedman7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Hemachandra Prasad Kolluru PE7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Lisa P. Purkayastha7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Elizabeth Everts Shea7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Bracewell & Patterson Committee7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
1 [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Arturo D. Deleon Jr.7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Barbara Paull7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/24/20035 Full Name of Contributor: out of state PAC
Nancy E. Camp7 Amount of
contribution (\$):
\$40.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
43 [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dawn Dancy	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Berthica A Fitzsimmons	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alfred Mollison	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jack T. Trotter	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles J. O'Connell	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John M. O'Quinn Esquire	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sandra W Meyer	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roland Garcia Jr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carolyn G. Truesdell	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Macey Reasoner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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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: 47	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harvey Houck ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rachel Lavine ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harris County Women's Political Caucus (HCWPC) ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$900.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$76,505.00

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME
Annise Parker

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan
09/26/2003

7 Name of lender
Annise Parker out-of-state PAC (ID#: _____)

9 Loan Amount (\$)
10,000.00

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code
P.O. Box 66513 Houston, TX 77266

10 Interest rate
0

11 Maturity date
On Demand

12 Description of Collateral
 none

13 GUARANTOR INFORMATION
 not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed (\$)

17 Principal Occupation
City Council

18 Employer
City of Houston

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION
 not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 9/29/2003	Payee Name Washington Mutual	Amount (\$) \$5.00
Payee address City; State; Zip Code 1934 W Gray St Houston, TX 77019		

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$25.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307		

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$12.98
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307		

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$2,526.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307		

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$188.96

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

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$443.12

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

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$674.40

Purpose of payment (See instructions regarding type of information required)
 Headquarters Maintenance & Repairs

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$8,000.00

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,500.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	

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

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$350.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	

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

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,664.56
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	

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

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$316.38
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$150.00

Purpose of payment (See instructions regarding type of information required)
 Sponsorship - Houston Citizens Chamber

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$60.00

Purpose of payment (See instructions regarding type of information required)
 Sponsorship - Houston Citizens Chamber

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	\$125.00

Purpose of payment (See instructions regarding type of information required)
 Sponsorship - Harris County Democrats

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

Date 9/30/2003	Payee Name Lake Snell Perry & Associates	Amount (\$)
	Payee address City; State; Zip Code 1726 M Street, NW Suite 500 Washington, DC 20036	\$15,532.50

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 9/30/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,000.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307		

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

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

Date 10/6/2003	Payee Name LOGIX	Amount (\$) \$519.01
Payee address City; State; Zip Code P.O. Box 3608 Houston, TX 77253		

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

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

Date 10/6/2003	Payee Name Lake Snell Perry & Associates	Amount (\$) \$78.18
Payee address City; State; Zip Code 1726 M Street, NW Suite 500 Washington, DC 20036		

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

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

Date 10/6/2003	Payee Name Sprint	Amount (\$) \$29.25
Payee address City; State; Zip Code P.O. Box 650270 Dallas, TX 75285		

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

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

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THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 10/6/2003	Payee Name Nextel	Amount (\$) \$50.73
Payee address City; State; Zip Code P.O. Box 54977 Los Angeles, CA 90054-0977		

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

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

Date 10/10/2003	Payee Name SEIU	Amount (\$) \$2,000.00
Payee address City; State; Zip Code 1313 L Street NW, Washington, D.C. 20005		

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

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

Date 10/10/2003	Payee Name Christians for a Better Government	Amount (\$) \$500.00
Payee address City; State; Zip Code P.O. Box 88314 Houston, TX 77288-8314		

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

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

Date 10/10/2003	Payee Name HCCO PAC	Amount (\$) \$500.00
Payee address City; State; Zip Code 2314 Wheeler Avenue Houston, TX 77004		

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 7

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

Date 10/17/2003	Payee Name Independence Heights War on Drugs	Amount (\$) \$50.00
	Payee address City; State; Zip Code Houston, TX	

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

Date 10/21/2003	Payee Name Grant Martin Consulting	Amount (\$) \$50,000.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX 77266-7307	

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

Date 10/24/2003	Payee Name Hubbard Financial	Amount (\$) \$1,293.63
	Payee address City; State; Zip Code 2615 Montrose Blvd Houston TX 77006	

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

Schedule F Report Total: \$89,594.70

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
10/15/2003	Taste of Houston Payee address City; State; Zip Code 12550 SW Freeway Houston TX 77056	\$36.34
	Purpose of payment (See instructions regarding type of information required) Sponsorship	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/16/2003	Harris County Toll Road Authority Payee address City; State; Zip Code Sanm Houston SW Houston TX	\$1.00
	Purpose of payment (See instructions regarding type of information required) Travel Expense	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/15/2003	Womens Political Forum Payee address City; State; Zip Code 5051 Westheimer Houston TX 77056	\$25.00
	Purpose of payment (See Instructions regarding type of information required) Meeting Expense	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
10/18/2003	Women's Political Forum Payee address City; State; Zip Code 5051 Westheimer Houston TX 77056	\$25.00
	Purpose of payment (See instructions regarding type of information required) Meeting Expense	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

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

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME Annisie Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/25/03	5 Business name Hubbard Financial Services, Inc.	7 Amount (\$) 1,293.63
6 Business address; City; State; Zip Code 2615 Montrose Blvd. Houston, TX 77006		

8 Purpose of payment (See instructions regarding type of information required.) Campaign Telephone	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Annisie Parker / City Controller / City Council
--	--

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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

Date	Business name	Amount (\$)
	Business address; City; State; Zip Code	

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office use only

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

EMILY's List

ADDRESS (number and street) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100

Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 / 24 / 2003

3. FEC IDENTIFICATION NUMBER C00193433

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

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

Type or Print Name of Treasurer Joseph Solmonese

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 4 empty cells and contact information for FEC FORM 1 (Revised 1/2001)

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

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

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

(e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

EMILY's List

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

Full Name Amy Gilbert

Mailing Address Gilbert & Wolfand
2201 Wisconsin Avenue
Washington DC 20007 -

Title or Position ▼ Accountant CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 342 - 6000

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

Full Name of Treasurer Joseph Solmonese

Mailing Address 1120 Connecticut Avenue NW
Ste 1100
Washington DC 20036 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 326 - 1400

Full Name of Designated Agent

Caroline C. Fines

Mailing Address 1120 Connecticut Avenue, NW
Ste 1100
Washington DC 20036 -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 326 - 1400

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

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

3765-10-001

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M15

GAY AND LESBIAN VICTORY FUND

ADDRESS (Number and street) 1705 DeSales Street, NW

(Check if address is changed) 5th Floor

WASHINGTON DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

vjctory@victoryfund.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.victoryfund.org

2. DATE 03 28 2003

3. FEC IDENTIFICATION NUMBER C00251835

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

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

Type or Print Name of Treasurer Charles A. Wolfe

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
-----------------	--	--	--	--

For further information contact:
Federal Election Commission
Tel: Free 800-424-9530
Local 202-694-1170

FEC FORM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

5. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

GAY AND LESBIAN VICTORY FUND

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

Full Name Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
CITY STATE ZIP CODE

Treasurer Telephone number _____

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

Full Name of Treasurer Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
CITY STATE ZIP CODE

Treasurer Telephone number _____

Full Name of Designated Agent Curt Finkelmeier

Mailing Address 1705 DeSales Street, NW
5th Floor

Washington DC 20036
CITY STATE ZIP CODE

Assistant Treasurer Telephone number _____

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

Name of Bank, Depository, etc.

	Adams National Bank		
Mailing Address	1501 K Street NW		
	Washington	DC	20005
	CITY Δ	STATE Δ	ZIP CODE Δ

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

Name of Bank, Depository, etc.

[ADDITIONAL]

CMBank

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

Washington **DC** **20036**

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number



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

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

Signed: Chuck Wolfe
Chuck Wolfe

Dated: 10/2/03

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

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

