

# 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:  
20

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Annise  
NICKNAME LAST SUFFIX  
Parker

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
P.O. Box 66513 Houston, TX 77266

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 522-9000

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 Month Day Year  
07 / 01 / 04 THROUGH 12 / 31 / 04

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
12 / 06 / 03  Primary  Runoff  General  Special

12 OFFICE

OFFICE HELD (if any)  
City Controller

13 OFFICE SOUGHT (if known)

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

OFFICE USE ONLY	
Date Received	
	
Date Hand-Delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TRFASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)

\$ 0.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4,303.50

CONTRIBUTION BALANCE

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

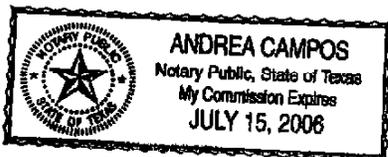
\$ 4366.66

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 18th day of January, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**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 filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

09/26/03

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

11 Maturity date

On Demand

12 Principal occupation / Job title (See Instructions)

City Controller

13 Employer (See Instructions)

City of Houston

14 Description of Collateral

none

15 GUARANTOR INFORMATION

not applicable

16 Name of guarantor

18 Amount Guaranteed (\$)

17 Guarantor address; City; State; Zip Code

19 Principal Occupation

20 Employer

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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

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

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

11

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 07/04/04	Payee Name Madeleine Appel	Amount (\$)
	Payee address 5223 Ariel	City; State; Zip Code Houston TX 77096
Purpose of payment (See instructions regarding type of information required) Meeting Refreshments		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/14/04	Payee Name My Chef (Naturally)	Amount (\$)
	Payee address 829 Rosine St	City; State; Zip Code Houston TX 77019-1938
Purpose of payment (See instructions regarding type of information required) CMC Event Catering		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/11/04	Payee Name Harris County Democratic Party	Amount (\$)
	Payee address 1445 North Loop West	City; State; Zip Code Houston TX 77008
Purpose of payment (See instructions regarding type of information required) Event Tickets		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/11/04	Payee Name Nextel	Amount (\$)
	Payee address P.O. Box 54977	City; State; Zip Code 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F  
11

FILER NAME

**Annisie Parker**

ACCOUNT # (Ethics Commission filers)

Date 08/11/04	Payee Name <b>My Chef (Naturally)</b>	Amount (\$)
	Payee address City; State; Zip Code 829 Rosine St Houston TX 77019-1938	\$96.79

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

Date 08/25/04	Payee Name <b>HRC Federal Club</b>	Amount (\$)
	Payee address City; State; Zip Code 1640 Rhode Island Ave NW Washington DC 20036	\$600.00

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

Date 09/01/04	Payee Name <b>Fort Bend Coalition of Black Democrats</b>	Amount (\$)
	Payee address City; State; Zip Code 2511 Princess Lane Missouri City TX 77459	\$100.00

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

Date 09/01/04	Payee Name <b>Nextel</b>	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 54977 Los Angeles CA 90054-0977	\$50.02

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

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME  
**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date <b>09/20/04</b>	Payee Name <b>Spring Branch Multicultural Fest &amp; Parade</b>	Amount (\$)  <b>\$20.00</b>
	Payee address City; State; Zip Code <b>PO Box 550066 Houston TX 77255</b>	

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

Date <b>09/20/04</b>	Payee Name <b>Houston Heights Association</b>	Amount (\$)  <b>\$50.00</b>
	Payee address City; State; Zip Code <b>PO Box 707335 Houston TX 77270-0735</b>	

Purpose of payment (See instructions regarding type of information required) <b>Parade Fee</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>09/27/04</b>	Payee Name <b>Houstonians for Performance &amp; Accountability</b>	Amount (\$)  <b>\$100.00</b>
	Payee address City; State; Zip Code <b>PO Box 66513 Houston TX 77266-6513</b>	

Purpose of payment (See instructions regarding type of information required) <b>Donation</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date <b>09/29/04</b>	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$43.48</b>
	Payee address City; State; Zip Code <b>P.O. Box 66513 Houston TX 77006</b>	

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

**SCHEDULE F**

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

Date <b>09/29/04</b>	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <b>P.O. Box 66513</b>	<b>\$21.98</b>
	City; State; Zip Code <b>Houston TX 77006</b>	

Purpose of payment (See instructions regarding type of information required)  
**Reimbursement Breakfast for Council**

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

Date <b>09/29/04</b>	Payee Name <b>Nextel</b>	Amount (\$)
	Payee address <b>P.O. Box 54977</b>	<b>\$50.18</b>
	City; State; Zip Code <b>Los Angeles CA 90054-0977</b>	

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 <b>10/20/04</b>	Payee Name <b>My Chef (Naturally)</b>	Amount (\$)
	Payee address <b>829 Rosine St.</b>	<b>\$319.25</b>
	City; State; Zip Code <b>Houston TX 77019-1938</b>	

Purpose of payment (See instructions regarding type of information required)  
**Catering for Staff Dinner**

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

Date <b>11/03/04</b>	Payee Name <b>Nextel</b>	Amount (\$)
	Payee address <b>P.O. Box 54977</b>	<b>\$51.03</b>
	City; State; Zip Code <b>Los Angeles CA 90054-0977</b>	

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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**POLITICAL EXPENDITURES SCHEDULE F**

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

Date 11/29/04	Payee Name <b>Montrose Area Democrats</b>	Amount (\$)
	Payee address City; State; Zip Code PO Box 66741 Houston TX 77266-6741	\$15.00

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

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

Date 11/29/04	Payee Name <b>Greater Heights Democrats</b>	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 70248 Houston TX 77270	\$15.00

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

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

Date 11/29/04	Payee Name <b>Friends of Tim Mains</b>	Amount (\$)
	Payee address City; State; Zip Code 424 Broadway Rochester NY 14607	\$100.00

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

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

Date 11/29/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 66513 Houston TX 77006	\$5.68

Purpose of payment (See instructions regarding type of information required)  
**Reimbursement Business Travel Meal, NTSU Conf**

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
**11/29/04**

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

**\$5.47**

**P.O. Box 66513**

**Houston**

**TX**

**77006**

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

**Reimbursement Business Travel Meal, NTSU Conf**

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

Candidate / Officeholder name

Office sought

Office held

Date

**11/29/04**

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

**\$229.20**

**P.O. Box 66513**

**Houston**

**TX**

**77006**

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

**Reimbursement Southwest Airlines Ticket, NTSU Conf**

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

Candidate / Officeholder name

Office sought

Office held

Date

**11/29/04**

Payee Name

**Madeleine Appel**

Amount  
(\$)

Payee address

City;

State;

Zip Code

**\$150.13**

**5223 Ariel**

**Houston**

**TX**

**77096**

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

**Meeting Refreshments**

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

Candidate / Officeholder name

Office sought

Office held

Date

**12/29/04**

Payee Name

**Nextel**

Amount  
(\$)

Payee address

City;

State;

Zip Code

**\$157.22**

**P.O. Box 54977**

**Los Angeles**

**CA**

**90054-0977**

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

**Telephone**

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

Candidate / Officeholder name

Office sought

Office held

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 66513 <span style="float: right;">Houston TX 77006</span>	<b>\$72.10</b>

Purpose of payment (See instructions regarding type of information required)  
**Reimbursement Southwest Airline, INGLO Conf**

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

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 66513 <span style="float: right;">Houston TX 77006</span>	<b>\$135.06</b>

Purpose of payment (See instructions regarding type of information required)  
**Reimbursement Office Holiday Event**

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

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 66513 <span style="float: right;">Houston TX 77006</span>	<b>\$56.96</b>

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

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

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> P.O. Box 66513 <span style="float: right;">Houston TX 77006</span>	<b>\$86.60</b>

Purpose of payment (See instructions regarding type of information required)  
**Reimbursement Office Holiday Event**

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

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

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
12/31/04

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$70.00

P.O. Box 66513

Houston

TX

77006

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

**Reimbursement Event Refreshment**

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/31/04

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$72.15

P.O. Box 66513

Houston

TX

77006

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

**Reimbursement Event Expense**

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/31/04

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$375.00

P.O. Box 66513

Houston

TX

77006

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

**Reimbursement INGLO Conference Fees**

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/31/04

Payee Name

**Annise Parker**

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$17.18

P.O. Box 66513

Houston

TX

77006

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

**Reimbursement Airport Parking Houston**

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

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address P.O. Box 66513	\$113.60
	City; State; Zip Code Houston TX 77006	

Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Continental Airline Ticket, INGLO Co</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
---	--

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address P.O. Box 66513	\$30.00
	City; State; Zip Code Houston TX 77006	

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

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address P.O. Box 66513	\$429.14
	City; State; Zip Code Houston TX 77006	

Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Business Travel Hotel, INGLO Conf</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)
	Payee address P.O. Box 66513	\$62.00
	City; State; Zip Code Houston TX 77006	

Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Cab Business Travel, INGLO Conf</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name      Office sought      Office held
--	--

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

# POLITICAL EXPENDITURES

# SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Schedule F Report Total:

\$4,303.50

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Revised 09/01/2003



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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 6

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City;	State;	Zip Code	Amount (\$)
12/31/04	<b>Annise Parker</b>				
	Payee address	City;	State;	Zip Code	
	P.O. Box 66513	Houston	TX	77006	\$70.00
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Reimbursement Event Refreshment				
12/31/04	<b>Annise Parker</b>				
	Payee address	City;	State;	Zip Code	
	P.O. Box 66513	Houston	TX	77006	\$86.60
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Reimbursement Office Holiday Event				
12/31/04	<b>Annise Parker</b>				
	Payee address	City;	State;	Zip Code	
	P.O. Box 66513	Houston	TX	77006	\$56.96
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Reimbursement Council Meeting Refreshments				
12/31/04	<b>Annise Parker</b>				
	Payee address	City;	State;	Zip Code	
	P.O. Box 66513	Houston	TX	77006	\$135.06
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Reimbursement Office Holiday Event				

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 6

 FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/31/04	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$30.00</b>
	Payee address P.O. Box 66513 City: Houston State: TX Zip Code 77006	
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Womens Political Forum Event Ticket</b>	
Date 09/29/04	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$43.48</b>
	Payee address P.O. Box 66513 City: Houston State: TX Zip Code 77006	
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Meals w/ Department Directors</b>	
Date 09/29/04	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$12.42</b>
	Payee address P.O. Box 66513 City: Houston State: TX Zip Code 77006	
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Meals w/ Department Directors</b>	
Date 09/29/04	Payee Name <b>Annise Parker</b>	Amount (\$)  <b>\$79.49</b>
	Payee address P.O. Box 66513 City: Houston State: TX Zip Code 77006	
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Meals w/ Department Directors</b>	

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Revised 09/01/2003

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 6

 FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address	City;	State;	Zip Code	Amount (\$)	
09/29/04	Annise Parker	P.O. Box 66513	Houston	TX	77006	\$25.00	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required)						
	Reimbursement Acres Homes C of C Luncheon						
09/29/04	Annise Parker	P.O. Box 66513	Houston	TX	77006	\$21.54	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required)						
	Reimbursement Flowers for CMC Dinner						
09/29/04	Annise Parker	P.O. Box 66513	Houston	TX	77006	\$21.98	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required)						
	Reimbursement Breakfast for Council						
11/29/04	Annise Parker	P.O. Box 66513	Houston	TX	77006	\$5.68	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of payment (See instructions regarding type of information required)						
	Reimbursement Business Travel Meal, NTSU Conf						

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 6

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
11/29/04	<b>Annise Parker</b> Payee address: P.O. Box 66513 City: Houston State: TX Zip Code: 77006	\$5.47
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Business Travel Meal, NTSU Conf</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
11/29/04	<b>Annise Parker</b> Payee address: P.O. Box 66513 City: Houston State: TX Zip Code: 77006	\$229.20
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Southwest Airlines Ticket, NTSU Conf</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/31/04	<b>Annise Parker</b> Payee address: P.O. Box 66513 City: Houston State: TX Zip Code: 77006	\$429.14
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Business Travel Hotel, INGLO Conf</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/31/04	<b>Annise Parker</b> Payee address: P.O. Box 66513 City: Houston State: TX Zip Code: 77006	\$72.10
	Purpose of payment (See instructions regarding type of information required) <b>Reimbursement Southwest Airline, INGLO Conf</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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Revised 09/01/2003

