

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Annise Parker

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

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

\$ 120.00

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

\$ 43,164.69

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,198.74

CONTRIBUTION BALANCE

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

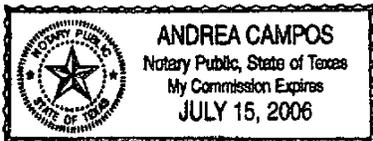
\$ 143,066.88

OUTSTANDING LOAN TOTALS

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

\$

19 AFFIDAVIT



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

Annise D. Parker

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Annise D. Parker, this the 11th day of October, 20 05, to certify which, witness my hand and seal of office.

Andrea Campos
Signature of officer administering oath

Andrea Campos
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/8/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Robin Blut	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77056-8648			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 7/29/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# C00193433 EMILY's List Federal Fund	7 Amount of contribution (\$): \$288.22	8 In kind contribution description (if applicable): Staff travel costs
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/1/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Brooks Ballard	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable): Office Space
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# John H. Crooker Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
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 A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Edward William Barnett Sr	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77002-4098		

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

4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) ChaseCom Limited Partnership	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77098-1720		

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

4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) William Arnett Camfield	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77006		

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

4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jeffrey P. Gerber	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code _____, Houston, TX 77056		

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

4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Tim O. Mains	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code _____, West, NY 14622		

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

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annis Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Frank B. Campisi	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/3/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) David W. Arpin	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Brad Eastman	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mike Krauser	7 Amount of contribution (\$): \$20.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/9/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Daniel J Piette	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable): Event catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annis Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/9/2005

5 Full Name of Contributor:

David Archer out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/9/2005

5 Full Name of Contributor:

Kevin Topek out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Laire, TX 77401

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/11/2005

5 Full Name of Contributor:

Mark Marsolais out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$300.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Highland Heights, KY 41076

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

Christopher Schmitt out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

Jeffrey Sipes out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/12/2005

5 Full Name of Contributor:

Fred E Jensen out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77007-1611

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

Judy Bouillion out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77030

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

Melissa Krauser out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

Julia Wolf out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77008-2415

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/12/2005

5 Full Name of Contributor:

John Henry Walt Jr. out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

_____, Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Warren Robert Nicholson	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030-4216			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Katrina D Hodge	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] ton, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Jeannette Marie Piette	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Lisa M Chandler	7 Amount of contribution (\$): \$125.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] t, Houston, TX 77009-7129			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Dana Padgett	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4207			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2. FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Pablo Escamilla	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78237		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Douglas A Poneck	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] San Antonio, TX 78212		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Roberto D Caballero Esq.	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Apt 212, Houston, TX 77042		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Virginia P Camerlo	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Gaye Denley	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 77006		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jose Morales III	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ TX 77346			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Andrew Tran	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, TX 77084-3509			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Susan C. Young	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mark T Troutman	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Houston, TX 77070			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Doanh T. Nguyen	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Tomball, TX 77375			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Sara E Beach	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC (ID# C00193433 EMILY's List Federal Fund	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable): Staffing costs
6 Contributor Address: City, State, Zip Code [REDACTED] Washington, DC 20036			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Maaiké G Van Bommel	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Steve Freeman	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77055			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Deanna Pena-Garcia	7 Amount of contribution (\$): \$350.00	8 In kind contribution description (if applicable): event catering
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Daniel J Piette	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Kathy C. Flanagan MD	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/17/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Rosa Magana	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Saty, TX 77450			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Joan Jennings	7 Amount of contribution (\$): \$67.42	8 In kind contribution description (if applicable): Event refreshments and postage
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77055-6875			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Richard Lee Jennings	7 Amount of contribution (\$): \$67.43	8 In kind contribution description (if applicable): event refreshments and postage
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77027			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID# _____)
Norman Lewis Mason7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
██████████ Austin, TX 78731

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID# _____)
Javier Loya7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
██████████ Houston, TX 77057

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID# _____)
Richard Lee Jennings7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
██████████ Houston, TX 77027

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID# _____)
Samuel S. Lusk7 Amount of
contribution (\$):
\$25.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
██████████ Houston, TX 77006-5816

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID# _____)
Jack R Hamilton7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
██████████ Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

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2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Robert C Davis	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77024-5222			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Jim Makshanoff	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018-7115			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ J. Art Morales	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-3663			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Elizabeth S. Kaled	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4315			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____ Joan Jennings	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77055-6875			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Ruby M Dang	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Mario G Dueñas	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77079-4200			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Oscar X Ramirez	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Katy, TX 77450			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Norman Lewis Mason	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] , TX 78731			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# George Y. Gonzalez	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annis Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Vinson & Elkins Texas Political Action Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002-6760			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Leah Lax	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-3132			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Roberta Kowalishin	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Thomas Downing	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004-6981			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Alfred Jackson	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID#)
Karen H. Garcia7 Amount of
contribution (\$):
\$1,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77042**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID#)
Roland Rodriguez7 Amount of
contribution (\$):
\$500.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77055-4916**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID#)
Brian T Davjs7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77007-8156**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID#)
Gilbert A. Garcia7 Amount of
contribution (\$):
\$1,000.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77025-2516**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
8/19/20055 Full Name of Contributor: out of state PAC (ID#)
Denise L Hanks7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77098**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Gasper M. E. Mir III	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77046			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Ben Barnes	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Austin, TX 78701			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Genaro C Iglesias Jr	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Tami, FL 33156			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Wade D. Moriarty	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 8/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Warren Clint Wills	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/19/2005

5 Full Name of Contributor:

Donald Lee Hauboldt out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77055-5116**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/19/2005

5 Full Name of Contributor:

Alan Helfman out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77024**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/19/2005

5 Full Name of Contributor:

Stephanie J Roberts out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77069**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

8/27/2005

5 Full Name of Contributor:

Janet M. Schwind out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77025**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/1/2005

5 Full Name of Contributor:

Brooks Ballard out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77027**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/6/2005

5 Full Name of Contributor:

Robert C. Park out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$85.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77056-2812

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/6/2005

5 Full Name of Contributor:

Richard Gordon Stout out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$100.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/6/2005

5 Full Name of Contributor:

Mark Kleinschmidt out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 27514

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/6/2005

5 Full Name of Contributor:

Jacqueline Castro out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$750.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77057

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/7/2005

5 Full Name of Contributor:

Peggy Smith out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$195.62**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77007**Event supplies and
postage**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/7/2005

5 Full Name of Contributor:

Claudia Staffa out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77018**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/7/2005

5 Full Name of Contributor:

Tracy D. Gary out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77006-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/7/2005

5 Full Name of Contributor:

Scott Spencer out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$75.00**8 In kind contribution
description (if applicable):**Event refreshments**

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77005**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2005

5 Full Name of Contributor:

Victoria Williams out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/8/2005

5 Full Name of Contributor:

Judith Green out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$30.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77064-4017**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annis Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/12/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Kay Sherman Staley	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/13/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Houston Police Officers Union PAC	7 Amount of contribution (\$): \$10,000.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-7730			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/14/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Sally Dwyer	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Michele R. Fraga	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] SugarLand, TX 77478			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) John A. Matlage Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-2016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/2005

5 Full Name of Contributor:

Larissa Ann Lindsay

out of state PAC (ID#)

7 Amount of contribution (\$):

\$35.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Theresa M. Kirschke

out of state PAC (ID#)

7 Amount of contribution (\$):

\$25.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77035

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Thomas Jeffrey Kessler

out of state PAC (ID#)

7 Amount of contribution (\$):

\$50.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77008

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Susan Sydney Elliott

out of state PAC (ID#)

7 Amount of contribution (\$):

\$40.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77055

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Rebecca A Allen

out of state PAC (ID#)

7 Amount of contribution (\$):

\$25.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/2005

5 Full Name of Contributor:

Connie Moberly out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77004**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Chris Gardiner out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$40.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77009**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Beth Heyn out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$40.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Mary S Trevino out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Barbara J Oliver out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$25.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] **Houston, TX 77007**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annis Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Linda Douglass	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Rosenberg, TX 77471			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Randall J Petrick	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Houston, TX 77080			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Marilyn Morrissey	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Pearland, TX 77584			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Andrea R Lapsley	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Houston, TX 77030-3510			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Carlton Scott Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████ Houston, TX 77009			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Elaine Gonzalez	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77035		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Johnathan M Dazey	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Paula Whitney	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77077		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Joan M. McKirachan MA	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jane Elizabeth Seger	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77035		

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

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/2005

5 Full Name of Contributor:

Jackie Klieger

 out of state PAC (ID#)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77005

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Suzy Lovejoy

 out of state PAC (ID#)7 Amount of
contribution (\$):

\$25.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77005

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Sanford W. Criner Jr.

 out of state PAC (ID#)7 Amount of
contribution (\$):

\$250.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77002-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Tesh L. K. Forister

 out of state PAC (ID#)7 Amount of
contribution (\$):

\$25.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77007

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

Jo Ann Wheeler

 out of state PAC (ID#)7 Amount of
contribution (\$):

\$100.00

8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77091-5658

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Sammy Patrenella	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Lynne Mutchler	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-4313		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) George Gee	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Linda S. "Pokey" Anderson	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006		

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

4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Donald R. Poston Jr.	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77074-2940		

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

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

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/15/20055 Full Name of Contributor: out of state PAC (ID#
Emma Lou "Scottie" Scott7 Amount of
contribution (\$):
\$30.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77035-2419**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/15/20055 Full Name of Contributor: out of state PAC (ID#
Dorothy M. Willis M.D.7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77401**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/15/20055 Full Name of Contributor: out of state PAC (ID#
Ann T. Robinson7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006-1628**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/15/20055 Full Name of Contributor: out of state PAC (ID#
Betty L. Heacker7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston; TX 77018-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/15/20055 Full Name of Contributor: out of state PAC (ID#
R Gary Montgomery PE7 Amount of
contribution (\$):
\$250.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77060**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Hilary G. Smith	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-1316			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jeffry Scott Abrams	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Renee Tappe	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77005			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Kathryn E Peek PhD	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77054-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Raequel Roberts	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Susan Ilene Rokes	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77092			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Claire L. Baker	7 Amount of contribution (\$): \$75.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77080-6820			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Tracy Schulz	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77042			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Urvine E. Atkinson	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# Glenda Redworth	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

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1 Total pages this schedule A: **41**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15/2005

5 Full Name of Contributor:

 out of state PAC (ID# C00251835)**Gay & Lesbian Victory Fund PAC - Federal**

7 Amount of contribution (\$):

\$250.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

Washington, DC 20036-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

 out of state PAC (ID# C00193433)**EMILY's List Federal Fund**

7 Amount of contribution (\$):

\$541.00

8 In kind contribution description (if applicable):

Staffing costs

6 Contributor Address: City, State, Zip Code

Washington, DC 20036

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

 out of state PAC (ID#)**Charlotte Cosgrove**

7 Amount of contribution (\$):

\$25.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77098

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

 out of state PAC (ID#)**Peter H. Boyle**

7 Amount of contribution (\$):

\$100.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77006

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/15/2005

5 Full Name of Contributor:

 out of state PAC (ID#)**Twila Ross**

7 Amount of contribution (\$):

\$50.00

8 In kind contribution description (if applicable):

6 Contributor Address: City, State, Zip Code

Houston, TX 77092

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Jean Marie Raniseski M.D.	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77087-4624			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Maurine Bybee	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Norma Gertrude Acker	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008-6440			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Donna L. Capps	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-7409			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Marte Parham	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Wilford A. Weber	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77030-1213			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Robert Weinberger	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77057-2016			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) M. Sandra Scurria M.D.	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-4122			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Minnette Boesel	7 Amount of contribution (\$): \$250.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Tobi Tabor	7 Amount of contribution (\$): \$30.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Carole Nadelman Marmell	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77096-3001			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Rhonda Sweeney	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Teresa Coleman	7 Amount of contribution (\$): \$200.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019-1938			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Marion S. Friedman	7 Amount of contribution (\$): \$75.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/15/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Cheryl Ann Wolfarth	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77018-5312			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/16/2005

5 Full Name of Contributor:

Betty Lou Wilson out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$500.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77027-

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/17/2005

5 Full Name of Contributor:

Steve J. Louis out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77248-7056

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/18/2005

5 Full Name of Contributor:

Madeleine G. Appel out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$250.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77096-2501

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/18/2005

5 Full Name of Contributor:

Patsy Cravens out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$35.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 77006-6329

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

9/18/2005

5 Full Name of Contributor:

Michael W. Dale out of state PAC (ID# _____)7 Amount of
contribution (\$):**\$50.00**8 In kind contribution
description (if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED] Houston, TX 770051529

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/18/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Mary Lawler	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77009-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Sol Lesh	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 11040			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Jay L. Moore Jr	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/19/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Vann Vaughan	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID#) Guy L. Hagstette	7 Amount of contribution (\$): \$750.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77002			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**SCHEDULE A
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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Lori Loria	7 Amount of contribution (\$): \$30.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/20/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Victor Melton	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/21/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Mark Tish	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/22/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) William C. Broderick	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77005			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/23/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jeffrey A. Shankman	7 Amount of contribution (\$): \$500.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code ██████████, Houston, TX 77098			
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 A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/26/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Jerry C Williams	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Glen Fillmore	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Charles J. O'Connell	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77252-2629			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) A. Ann Alexander	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77025-			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Michael M. "Tripp" Carter	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77098-2808			
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 A
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/27/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Stephan Farber	7 Amount of contribution (\$): \$25.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77004			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Timothy A. Surratt	7 Amount of contribution (\$): \$100.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Gary Teixeira	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77007-8347			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) William H. Lee	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006-5618			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 9/28/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# _____) Michael P. Berglund	7 Amount of contribution (\$): \$20.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77008-6249			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A: **41**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date
9/28/20055 Full Name of Contributor:
Michael B. Good out of state PAC (ID#)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77006**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/29/20055 Full Name of Contributor:
John E. Parkerson out of state PAC (ID#)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77019**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/29/20055 Full Name of Contributor:
Jerome M. Jeanmard out of state PAC (ID#)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77098-**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/29/20055 Full Name of Contributor:
P. Monte Frost out of state PAC (ID#)7 Amount of
contribution (\$):
\$100.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77027**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
9/29/20055 Full Name of Contributor:
Stephen Wayne LeJeune out of state PAC (ID#)7 Amount of
contribution (\$):
\$50.008 In kind contribution
description (if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED] **Houston, TX 77007**

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 A
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A: 41	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/29/2005	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC (ID# David W. Arpin	7 Amount of contribution (\$): \$50.00	8 In kind contribution description (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Houston, TX 77006			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

Schedule A1 Report Total: \$43,044.69

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POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 7/1/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address 3000 Murworth #1603	City; State; Zip Code Houston TX 77025
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/2/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Reimb-Fax Service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/2/2005	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address 1708 Broderick Street	City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Email Service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/2/2005	Payee Name Cingular Wireless	Amount (\$)
	Payee address P.O. Box 650574	City; State; Zip Code Dallas TX 75265-0574
Purpose of payment (See instructions regarding type of information required) Cell Phone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 2

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 7/2/2005	Payee Name US Postal Service	Amount (\$)
	Payee address Julius Melcher Location	
	City; State; Zip Code Houston TX 77027	\$37.00
Purpose of payment (See instructions regarding type of information required) Postage		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/5/2005	Payee Name SBC	Amount (\$)
	Payee address 555 Main Street, Room 228-CR	
	City; State; Zip Code Beaumont TX 77701	\$126.20
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 7/5/2005	Payee Name PayPal	Amount (\$)
	Payee address P.O. Box 45950	
	City; State; Zip Code Omaha NE 98145-0950	\$1.75
Purpose of payment (See instructions regarding type of information required) Processing Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/5/2005	Payee Name PayPal	Amount (\$)
	Payee address P.O. Box 45950	
	City; State; Zip Code Omaha NE 98145-0950	(\$0.44)
Purpose of payment (See instructions regarding type of information required) Credit from PayPal		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 7/7/2005	Payee Name Merchant Bank Card	Amount (\$) \$5.00
	Payee address 40960 California Oaks Road, Suite 209	City; State; Zip Code Murrieta CA 92562
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/7/2005	Payee Name Merchant Bank Card	Amount (\$) \$2.17
	Payee address 40960 California Oaks Road, Suite 209	City; State; Zip Code Murrieta CA 92562
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/15/2005	Payee Name Grant Martin Consulting	Amount (\$) \$500.00
	Payee address 1708 Broderick Street	City; State; Zip Code San Francisco CA 94115
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 7/15/2005	Payee Name Amanda Scott	Amount (\$) \$750.00
	Payee address 3000 Murworth #1603	City; State; Zip Code Houston TX 77025
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

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 7/15/2005	Payee Name American Express	Amount (\$)
	Payee address PO Box 360001	City; State; Zip Code Fort Lauderdale FL 33336-0001
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/1/2005	Payee Name Nextel	Amount (\$)
	Payee address 2001 Edmund Halley Drive	City; State; Zip Code Reston VA 20191
Purpose of payment (See instructions regarding type of information required) Cell Phone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/1/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address 3000 Murworth #1603	City; State; Zip Code Houston TX 77025
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/4/2005	Payee Name Cingular Wireless	Amount (\$)
	Payee address P.O. Box 650574	City; State; Zip Code Dallas TX 75265-0574
Purpose of payment (See instructions regarding type of information required) Cell Phone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 5

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 8/4/2005	Payee Name SBC	Amount (\$) \$126.32
	Payee address 555 Main Street, Room 228-CR City: Beaumont State: TX Zip Code: 77701	
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 8/4/2005	Payee Name Grant Martin Consulting	Amount (\$) \$500.00
	Payee address 1708 Broderick Street City: San Francisco State: CA Zip Code: 94115	
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/4/2005	Payee Name Grant Martin Consulting	Amount (\$) \$20.00
	Payee address 1708 Broderick Street City: San Francisco State: CA Zip Code: 94115	
Purpose of payment (See instructions regarding type of information required) Email Service		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/5/2005	Payee Name Merchant Bank Card	Amount (\$) \$2.22
	Payee address 40960 California Oaks Road, Suite 209 City: Murrieta State: CA Zip Code: 92562	
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 6

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 8/5/2005	Payee Name Merchant Bank Card	Amount (\$)
	Payee address City; State; Zip Code 40960 California Oaks Road, Murrieta CA 92562 Suite 209	\$5.00
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/15/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address City; State; Zip Code 3000 Murworth #1603 Houston TX 77025	\$750.00
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/16/2005	Payee Name PayPal	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 45950 Omaha NE 98145-0950	\$3.50
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/16/2005	Payee Name City of Houston	Amount (\$)
	Payee address City; State; Zip Code 900 Bagby Houston TX 77002	\$750.00
Purpose of payment (See instructions regarding type of information required) Filing Fee		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 7

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 8/24/2005	Payee Name Challenge Early College PTO	Amount (\$) \$30.00
	Payee address 5601 West Loop South	City; State; Zip Code Houston TX 77081
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 8/24/2005	Payee Name PayPal	Amount (\$) \$3.20
	Payee address P.O. Box 45950	City; State; Zip Code Omaha NE 98145-0950
Purpose of payment (See instructions regarding type of information required) Credit Card Processing	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 8/26/2005	Payee Name Monarch Printing Company	Amount (\$) \$962.40
	Payee address 6605 McGrew St	City; State; Zip Code Houston TX 77087
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 8/31/2005	Payee Name Annise Parker	Amount (\$) \$100.00
	Payee address 1111 Jackson	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) Reimb-Sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 8

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 8/31/2005	Payee Name Annise Parker	Amount (\$) \$23.00
	Payee address 1111 Jackson	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) Reimb-Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/31/2005	Payee Name Annise Parker	Amount (\$) \$92.99
	Payee address 1111 Jackson	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) Reimb-Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 8/31/2005	Payee Name Annise Parker	Amount (\$) \$70.43
	Payee address 1111 Jackson	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) Reimb-Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/1/2005	Payee Name American Express	Amount (\$) \$3.10
	Payee address PO Box 360001	City; State; Zip Code Ft. Lauderdale FL 33336
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.		Total pages Schedule F	
FILER NAME		Page 9	
Annise Parker		ACCOUNT # (Ethics Commission filers)	
Date 9/1/2005	Payee Name Nextel	Amount (\$)	
	Payee address 2001 Edmund Halley Drive	City, Reston	State; Zip Code VA 20191
Purpose of payment (See instructions regarding type of information required) Cell Phone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/1/2005	Payee Name Reuben Davis Campaign	Amount (\$)	
	Payee address	City,	State; Zip Code
Purpose of payment (See instructions regarding type of information required) Event Sponsorship		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/1/2005	Payee Name Amanda Scott	Amount (\$)	
	Payee address 3000 Murworth #1603	City, Houston	State; Zip Code TX 77025
Purpose of payment (See instructions regarding type of information required) Consulting		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 9/7/2005	Payee Name Grant Martin Consulting	Amount (\$)	
	Payee address 1708 Broderick	City, San Francisco	State; Zip Code CA 94115
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	

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 10

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 9/7/2005	Payee Name Human Rights Campaign Payee address 1640 Rhode Island Ave. NW City; Washington State; DC Zip Code 20036	Amount (\$) \$600.00
Purpose of payment (See instructions regarding type of information (required)) Contribution		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/2005	Payee Name SBC Payee address 555 Main Street, Room 228-CR City; Beaumont State; TX Zip Code 77701	Amount (\$) \$126.32
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 9/7/2005	Payee Name Cingular Wireless Payee address P.O. Box 650574 City; Dallas State; TX Zip Code 75265-0574	Amount (\$) \$8.84
Purpose of payment (See instructions regarding type of information (required)) Cell Phone		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/2005	Payee Name Office Depot Payee address 3443 Kirby Drive City; Houston State; TX Zip Code 77098	Amount (\$) \$223.47
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

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 11

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 9/7/2005	Payee Name Whitney Kemp	Amount (\$)
	Payee address 3502 Burlington, Apt. 9	City; State; Zip Code Houston TX 77006
Purpose of payment (See instructions regarding type of information required) Reimb-Volunteer Refreshments		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/7/2005	Payee Name US Postal Service	Amount (\$)
	Payee address Julius Melcher Location	City; State; Zip Code Houston TX 77027
Purpose of payment (See instructions regarding type of information required) Postage		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/8/2005	Payee Name Merchant Bank Card	Amount (\$)
	Payee address 40960 California Oaks Road, Suite 209	City; State; Zip Code Murrieta CA 92562
Purpose of payment (See instructions regarding type of information required) Credit Card Processing		** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 9/14/2005	Payee Name Amanda Scott	Amount (\$)
	Payee address 3000 Murworth #1603	City; State; Zip Code Houston TX 77025
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

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.	Total pages Schedule F Page 12
FILER NAME Annise Parker	ACCOUNT # (Ethics Commission filers)
Schedule F Report Total: \$10,198.74	

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

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annis Parker**

ACCOUNT # (Ethics Commission filers)

Date 8/10/2005	Payee Name INGLO Payee address City; State; Zip Code [REDACTED] Washington DC 20036 500 Purpose of payment (See instructions regarding type of information required) Conference Registration Fee	Amount (\$) \$460.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/12/2005	Payee Name Kroger. Payee address City; State; Zip Code [REDACTED] Houston TX 77006 Purpose of payment (See instructions regarding type of information required) Event Refreshments	Amount (\$) \$70.43 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/24/2005	Payee Name Christy's Donuts Payee address City; State; Zip Code [REDACTED] Houston TX 77019 Purpose of payment (See instructions regarding type of information required) Event Refreshments	Amount (\$) \$23.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/28/2005	Payee Name Vietnamese Community Service Payee address City; State; Zip Code [REDACTED] Houston TX 77036 Purpose of payment (See instructions regarding type of information required) Event Sponsorship	Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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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: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 8/10/2005	Payee Name Continental Airlines	Amount (\$)			
	Payee address [REDACTED]	City: Houston	State: TX	Zip Code 77002	\$273.90
	Purpose of payment (See instructions regarding type of information required) Travel to Conference	<input checked="" type="checkbox"/> Reimbursement from political contributions intended			

Schedule G Report Total: **\$1,125.54**

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Revised 09/01/2003



FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-168915

1. EMILY's List

1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036

2. Date: 03/29/2005

3. FEC Committee ID #: C00193433

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Caroline Fines
1120 Connecticut Ave NW
Suite 1100
Washington, DC 20036
Title: Dr of Finance & Comp
Phone # (202) 326-1400

Treasurer:

Britt Cocanour
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Treasurer
Phone # (202) 326 1400

Designated Agent(s):

Caroline C. Fines
1120 Connecticut Avenue NW
Ste 1100
Washington, DC 20036
Title: Assistant Treasurer
Phone # (202) 326-1400

Banks or Depositories

Signed: Britt Cocanour
Date Signed: 03/29/2005
Official Committee URL: www.emilyslist.org

(End FEC FORM 1)



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FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-115110

1. GAY AND LESBIAN VICTORY FUND

1705 DeSales Street NW
5th Floor
WASHINGTON, DC 20036

2. Date: 04/13/2004

3. FEC Committee ID #: C00251835

This committee supports/opposes more than one Federal candidat

Affiliated Committees/Organizations

Custodian of Records:

Brian A. Johnson
3020 Fallswood Glen Court
Falls Church, Virginia 22044
Title: Treasurer

Treasurer:

Brian A. Johnson
3020 Fallswood Glen Court
Falls Church, Virginia 22044
Title: Treasurer

Designated Agent(s):

Fred A. Sherman
1705 DeSales Street NW 5th Fl.
Washington, DC 20036
Title: Assistant Treasurer

Banks or Depositories

Adams National Bank
1501 K Street NW
Washington, DC 20005

Bank of America
730 15th Street NW
Washington, DC 20005

Signed: Brian A. Johnson

Date Signed: 04/13/2004

Official Committee URL: <http://www.victoryfund.org>

(End FEC FORM 1)



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