

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #	2 Total pages filed: 3
--------------------	--------------------------------------

3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	

Ada
Edwards

Date Received

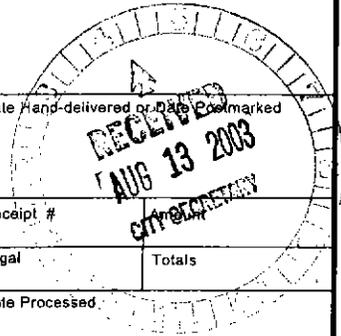
Date Hand-delivered or Date E-mailed

Receipt #

Legal Totals

Date Processed

Date Imaged

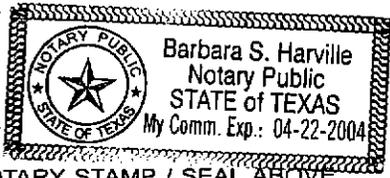


4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	

5 ORIGINAL PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	01	03		06	30	03

6 EXPLANATION OF CORRECTION	Pursuant to Houston Code Section 18-36(a), my campaign returned a contribution to Jasbir Singh within 10 days of becoming aware that the contribution was made during a contract award period. The corrected page from Schedule A-1 is attached, together with the corrected Cover Page 2.
------------------------------------	--

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Ada J. Edwards
Signature of Candidate or Officeholder

Sworn to and subscribed before me by ADA J. EDWARDS this the 15th day of August, 2003.

to certify which, witness my hand and seal of office.

Barbara S. Harville BARBARA S. HARVILLE NOTARY PUBLIC
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ada Edwards

15 ACCOUNT # (Ethics Commission filers)

16 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

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$

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

\$ 90,636.00

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 71,584.59

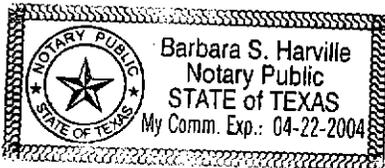
OUTSTANDING LOAN TOTALS

5. 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.



Ada Edwards
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ADA J. EDWARDS, this the 15th day of August, 20 03, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S. HARVILLE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **42**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/25/2003

5 Full Name of Contributor:

Ovide Duncantell Jr. out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

2900 Woodridge Dr Ste 311, Houston, TX 77087

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/25/2003

5 Full Name of Contributor:

Brian T. Stephens out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

P.O. Box 130722, Houston, TX 77219-0722

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/25/2003

5 Full Name of Contributor:

Jasbir Singh out of state PAC7 Amount of
contribution (\$):**\$2,500.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

28 Whitworth Way, Sugarland, TX 77479

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/25/2003

5 Full Name of Contributor:

Hemachandra Prasad Kolluru PE out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

8313 SW Freeway Ste 100, Houston, TX 77074

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/26/2003

5 Full Name of Contributor:

Samuel D. Keeper out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

2929 Buffalo Speedway Unit 201, Houston, TX 77098

9 Principal Occupation (Optional):

10 Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #	2 Total pages filed: 3
--------------------	--

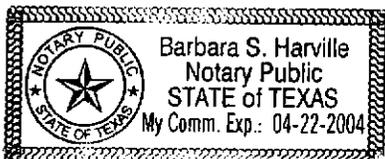
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST Annise MI NICKNAME LAST Parker SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked RECEIVED AUG 13 2003 Receipt # CITY SECRETARY
--	--	---

4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Legal Totals Date Processed Date Imaged
-------------------------------	--	--

5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 03 THROUGH 06 / 30 / 03
----------------------------------	---

6 EXPLANATION OF CORRECTION	Pursuant to Houston Code Section 18-36(a), my campaign returned a contribution to Varinder Singh within 10 days of becoming aware that the contribution was made during a contract award period. The corrected page from Schedule A-1 is attached, together with the corrected Cover Page 2.
------------------------------------	--

7 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Annise D. Parker
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by ANNISE D. PARKER this the 15th day of August, 2003.

to certify which, witness my hand and seal of office.

Barbara S. Harville BARBARA S. HARVILLE NOTARY PUBLIC
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Annise Parker

15 ACCOUNT # (Ethics Commission files)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$

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

\$ 207,528.67

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 117,251.61

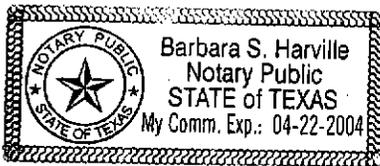
OUTSTANDING LOAN TOTALS

5. 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 1ST day of August, 20 03, to certify which, witness my hand and seal of office.

Barbara S. Harville
Signature of officer administering oath

BARBARA S. HARVILLE
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **142**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

6/27/2003

5 Full Name of Contributor:

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

6 Contributor Address: City, State, Zip Code

4821 Beech Street, Bellaire, TX 77401-3403

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/27/2003

5 Full Name of Contributor:

Varinder P. Bobby Singh out of state PAC7 Amount of
contribution (\$):**\$5,000.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

11777 Katy Freeway Ste 316 Houston, TX 77079

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/28/2003

5 Full Name of Contributor:

Robert M. Browning out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

5226 Mulford Street, Houston, TX 77023

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/28/2003

5 Full Name of Contributor:

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

6 Contributor Address: City, State, Zip Code

14707 N. Eldridge Parkway, Houston, TX 77070

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

6/28/2003

5 Full Name of Contributor:

Steven E. Parker out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

1625 Wesley St, Houston, TX 77023-6210

9 Principal Occupation (Optional):

10 Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

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