

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

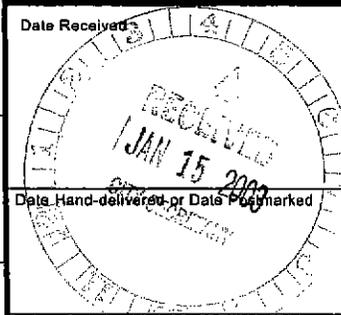
1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:
15

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Annise
NICKNAME LAST SUFFIX
Parker

OFFICE USE ONLY



4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Change of Address

Date Received
Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Kathy
NICKNAME LAST SUFFIX
Hubbard

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 66513, Houston, TX 77266

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 522-9000

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07 / 01 / 02 12 / 31 / 02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Houston City Council, Position 1

12 OFFICE SOUGHT (if known)

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

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)

\$

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

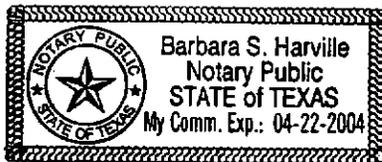
\$ 11,681.66

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 15th day of January, 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 EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
10

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

Date 7/2/2002	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code	\$2,750.00
	P.O. Box 667307 Houston TX 77266-7307	

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 7/15/2002	Payee Name Jewish Herald Voice	Amount (\$)
	Payee address City; State; Zip Code	\$370.00
	P.O. Box 153 Houston TX 77001	

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
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Date 7/16/2002	Payee Name Houston Livestock and Rodeo	Amount (\$)
	Payee address City; State; Zip Code	\$58.00
	P.O. Box 20070 Houston TX 77225	

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
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Date 7/18/2002	Payee Name Texas Triangle	Amount (\$)
	Payee address City; State; Zip Code	\$256.00
	P.O. Box 191949 Houston TX 75219	

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
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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Total pages Schedule F
10

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 7/22/2002	Payee Name Voice Stream				Amount (\$) \$36.43
	Payee address P.O. Box 742596	City; Cincinnati	State; OH	Zip Code 45274	

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 8/5/2002	Payee Name Houston Voice				Amount (\$) \$142.00
	Payee address 500 Lovett	City; Houston	State; TX	Zip Code 77006	

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 8/6/2002	Payee Name Grant Martin Consulting				Amount (\$) \$2,750.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 77266	

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

Date 8/7/2002	Payee Name Martha Galvan				Amount (\$) \$50.00
	Payee address P.O. Box 1562	City; Houston	State; TX	Zip Code 77010	

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

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POLITICAL EXPENDITURES

SCHEDULE F

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10

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

Date 8/7/2002	Payee Name ALF-Houston	Amount (\$)
	Payee address City; State; Zip Code 3101 Richmond, Suite 140 Houston TX 77098	\$100.00

Purpose of payment (See instructions regarding type of information required) Membership	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/8/2002	Payee Name Pegasus Communication	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 2241 Williston VT 05495	\$450.00

Purpose of payment (See instructions regarding type of information required) Conference Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 8/15/2002	Payee Name Voice Stream	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 742596 Cincinnati OH 45274	\$55.76

Purpose of payment (See instructions regarding type of information required) Telephone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 9/4/2002	Payee Name Harris County Democratic Party	Amount (\$)
	Payee address City; State; Zip Code 2404 LaBranch Houston TX 77004	\$100.00

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

SCHEDULE F

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Total pages Schedule F
10

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 9/4/2002	Payee Name Grant Martin Consulting				Amount (\$) \$1,500.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required) Consulting Fee	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 9/5/2002	Payee Name Annise Parker				Amount (\$) \$63.05
	Payee address P.O.Box 66513	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required) Reimb-Meeting Refres	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 9/5/2002	Payee Name Premier Paging				Amount (\$) \$216.49
	Payee address 12220 Murphy Road, Suite E	City; Stafford	State; TX	Zip Code 77477	

Purpose of payment (See instructions regarding type of information required) Telephone	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held		
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Date 9/11/2002	Payee Name Internet Corporation				Amount (\$) \$63.05
	Payee address 2530 Berryessa Road, #912	City; San Jose	State; CA	Zip Code 95132	

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

SCHEDULE F

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Total pages Schedule F
10

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 9/16/2002	Payee Name Patronella's				Amount (\$) \$100.00
	Payee address 813 Jackson Hill Road	City; Houston	State; TX	Zip Code 77007	

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

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

Date 9/22/2002	Payee Name Nextel				Amount (\$) \$154.97
	Payee address P.O./ Box 54977	City; Los Angeles	State; Ca	Zip Code 90056	

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 9/24/2002	Payee Name Harris County Tejano Democrats				Amount (\$) \$40.00
	Payee address 3715 North Main Street	City; Houston	State; TX	Zip Code 77009	

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

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

Date 10/7/2002	Payee Name Grant Martin Consulting				Amount (\$) \$1,500.00
	Payee address P.O. Box 667307	City; Houston	State; TX	Zip Code 77266	

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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10

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

Date	Payee Name	Amount (\$)
10/9/2002	Nextel	
	Payee address City; State; Zip Code	\$214.86
	P.O./ Box 54977 Los Angeles Ca 90056	

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	Payee Name	Amount (\$)
10/10/2002	Victory Foundation	
	Payee address City; State; Zip Code	\$200.00
	1705 DeSales Washington DC 20036	

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

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

Date	Payee Name	Amount (\$)
10/25/2002	Ron Kirk for U.S. Senate	
	Payee address City; State; Zip Code	\$1,000.00
	P.O. Box 720160 Dallas TX 75372	

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	Payee Name	Amount (\$)
10/25/2002	Old Acres Homes Citizen Counsel	
	Payee address City; State; Zip Code	\$75.00
	P.O. Box 91032 Houston TX 77088	

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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Total pages Schedule F
10

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)
10/25/2002	Participation 2000	236 Massachusetts, Ste 206				Washington	DC	20002	\$500.00

Purpose of payment (See instructions regarding type of information required) Sponsorship	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)
10/31/2002	Annise Parker Campaign	P. O. Box 66513				Houston	TX	77266	(\$3,394.18)

Purpose of payment (See instructions regarding type of information required) Correction of prior reimbursements	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)
11/7/2002	Texas Ethics Commission	P.O. Box 12070				Austin	TX	78711	\$100.00

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

Date	Payee Name	Payee address				City;	State;	Zip Code	Amount (\$)
11/7/2002	Houston Livestock and Rodeo	8701 Kirby				Houston	TX	77054	\$53.93

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

SCHEDULE F

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Total pages Schedule F
10

FILER NAME
Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 11/12/2002	Payee Name League of Women Voters				Amount (\$) \$50.00
	Payee address 2650 Fountainview, #328	City; Houston	State; TX	Zip Code 77057	

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

Date 12/3/2002	Payee Name Annise Parker				Amount (\$) \$493.40
	Payee address 1119 Jackson	City; Houston	State; TX	Zip Code 77006	

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

Date 12/3/2002	Payee Name Annise Parker				Amount (\$) \$25.00
	Payee address 1119 Jackson	City; Houston	State; TX	Zip Code 77006	

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

Date 12/3/2002	Payee Name Annise Parker				Amount (\$) \$12.61
	Payee address 1119 Jackson	City; Houston	State; TX	Zip Code 77006	

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

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POLITICAL EXPENDITURES

SCHEDULE F

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10

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

Date 12/3/2002	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code 1119 Jackson Houston TX 77006	\$2.00

Purpose of payment (See instructions regarding type of information required)
Reimb-Parking Exp

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

Date 12/3/2002	Payee Name Annise Parker	Amount (\$)
	Payee address City; State; Zip Code 609 Welch Houston TX 77006	\$43.29

Purpose of payment (See instructions regarding type of information required)
Reim-Office Supplies

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

Date 12/6/2002	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston TX 77266	\$1,500.00

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

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

Date 12/19/2002	Payee Name Martha Galvan	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 1562 Houston TX 77010	\$50.00

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

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

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Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

10

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Schedule F Report Total: \$11,681.66

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Revised 04/04/2000

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	City	State	Zip Code	Amount (\$)
12/3/2002	Office Max	Houston	TX	77006	\$43.29
	Payee address				
	1576 West Gray	Houston	TX	77006	
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Office Supplies				
12/6/2002	Express Pay	Houston	TX	77065	\$22.75
	Payee address				
	20600 NW Freeway	Houston	TX	77065	
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Fuel-TNRCC Travel				
12/10/2002	Kroger	Burger	TX	77006	\$12.96
	Payee address				
	1938 West Gray	Burger	TX	77006	
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Meeting Refreshments				
12/2/2002	Women's Political Forum	Houston	TX	77056	\$25.00
	Payee address				
	5051 Westheimer	Houston	TX	77056	
	Purpose of payment (See instructions regarding type of information required)				<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Meeting Expense				

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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Total pages Schedule G: 3

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date	Payee Name	Amount (\$)
12/10/2002	Phoenix Paper Payee address: _____ City: _____ State: _____ Zip Code _____ 1515 Studemont Houston TX 77007	\$12.82
	Purpose of payment (See instructions regarding type of information required) Office Supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/12/2002	Phoenix Paper Payee address: _____ City: _____ State: _____ Zip Code _____ 1515 Studemont Houston TX 77007	\$23.78
	Purpose of payment (See instructions regarding type of information required) Office Supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
12/18/2002	Kroger Payee address: _____ City: _____ State: _____ Zip Code _____ 1035 N Shepherd Houston TX 77008	\$12.98
	Purpose of payment (See instructions regarding type of information required) Meeting Refreshments	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
8/5/2002	American Express Payee address: _____ City: _____ State: _____ Zip Code _____ Suite 0002 Chicago IL 60679	\$493.40
	Purpose of payment (See instructions regarding type of information required) Travel Expense	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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Revised 04/04/2000

