

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

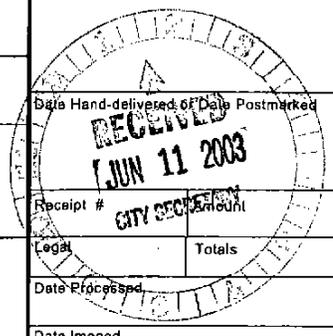
FORM COR-C/OH

See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>2</u>
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Annise	OFFICE USE ONLY Date Received
	NICKNAME LAST SUFFIX Parker	

4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input 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	

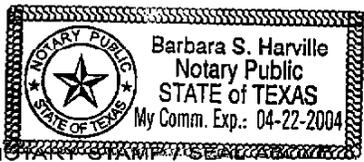


5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10 / 28 / 2001		12 / 31 / 2001

6 EXPLANATION OF CORRECTION

A review of my campaign finance report for the period revealed an inadvertent error listing a contributor's husband's name instead of the contributor's name. The correct information is a \$250 contribution from Cassie B. Stinson dated 11-15-2001, as reflected on the corrected page attached to this affidavit. The original report was filed in good faith, and the report totals remain the same.

7 AFFIDAVIT



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

AFFIX NOTARY STAMP AND SEAL

Sworn to and subscribed before me by ANNISE D. PARKER this the 11th day of June, 20 03.

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

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: **18**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/15/2001

5 Full Name of Contributor:

Charles Spain

out of state PAC

7 Amount of
contribution (\$):

\$25.00

8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

504 Branard St., Houston, TX 77006-5018

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/15/2001

5 Full Name of Contributor:

Thomas Kessler

out of state PAC

7 Amount of
contribution (\$):

\$50.00

8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

530 West 18th Street, Houston, TX 77008-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/15/2001

5 Full Name of Contributor:

Shellye Arnold

out of state PAC

7 Amount of
contribution (\$):

\$50.00

8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

859 Azalea Street, Houston, TX 77018

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/15/2001

5 Full Name of Contributor:

Cassie B. Stinson

out of state PAC

7 Amount of
contribution (\$):

\$250.00

8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

5002 Yoakum Blvd, Houston, TX 77006-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/15/2001

5 Full Name of Contributor:

Georgia K. Peterson

out of state PAC

7 Amount of
contribution (\$):

\$50.00

8 In kind
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

4614 Ivanhoe, Houston, TX 77027-

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.