

# 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:  
80

3 CANDIDATE / OFFICEHOLDER NAME

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

**OFFICE USE ONLY**

Date Received

**RECEIVED**  
JAN 15 2004  
CITY SECRETARY

Date Handled or Date Marked

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

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

Receipt #

Amount

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 807-9100

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Kathy  
NICKNAME LAST SUFFIX  
Hubbard

7 CAMPAIGN TREASURER ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2615 Montrose Blvd Houston, TX 77006

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 713 ) 522-9000

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
11 / 26 / 03 THROUGH 12 / 31 / 03

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)  
City Controller (as of 1-2-03)

13 OFFICE SOUGHT (if known)

City Controller

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name

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

additional pages

**GO TO PAGE 2**

# 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. \*\*

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>18 CONTRIBUTION TOTALS</b>	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)	\$ 88,851
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 92,032.44
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,410.57
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

**19 AFFIDAVIT**

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

Annise D. Parker  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Annise D. Parker this the 15<sup>th</sup> day of January, 2004, 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  
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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark Stanton Wood</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>11/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Thomas L Seymour</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>11/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Walden &amp; Associates</b>	7 Amount of contribution (\$): <b>\$1,500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>11/26/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Susan S. Askanase</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████		

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alfred Molison</b>	7 Amount of contribution (\$): <b>\$10.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████		

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 A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hally B. Walker Poindexter</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bart J. Truxillo</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Randall C. Whitmore</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Marilyn J. Oshman</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>11/29/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank B. Campisi</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**11/29/2003**

5 Full Name of Contributor:

**Wilhelmina R. Robertson** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**11/29/2003**

5 Full Name of Contributor:

**A. Ann Alexander** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**11/29/2003**

5 Full Name of Contributor:

**Aubrey B Calvin** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/1/2003**

5 Full Name of Contributor:

**William Randolph England Jr** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/1/2003**

5 Full Name of Contributor:

**Sofia Adroque PC** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/1/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven E. Parker</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Debra Davis</b>	7 Amount of contribution (\$): <b>\$2,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ruth Switzer Pearl</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] W, Wa [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Valerie Claire Turner</b>	7 Amount of contribution (\$): <b>\$40.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sally Lee Bradford AAE</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

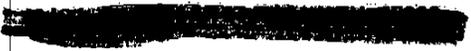
**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.**

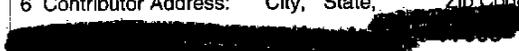
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

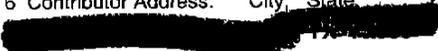
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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cynthia A Roth</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Kay Morton</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sharon E. Macha</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Len Davis Slusser</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul B Mandell</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Julie Moncur** out of state PAC7 Amount of  
contribution (\$):**\$200.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Marilyn J Colbert** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Rebecca Daughtry-Dunn Bryant** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Deborah Elizabeth Nance** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Cathy Hicks Sessums** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>John F. Bos</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Russell Glen Clark</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Lola Lin</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William S. Gilmer MD</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard M. Schechter</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Candyce P. Rylander</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Michele Sabino</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janet F. Clark</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeff E. Ross Sr., PE</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Claudia F. Williamson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **47**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Richard D. Huff** out of state PAC

7 Amount of contribution (\$):

**\$250.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Mark C. Nitcholas** out of state PAC

7 Amount of contribution (\$):

**\$200.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Ray C. Davis** out of state PAC

7 Amount of contribution (\$):

**\$2,000.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**John Douglas Parker** out of state PAC

7 Amount of contribution (\$):

**\$250.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**James A Elkins Jr.** out of state PAC

7 Amount of contribution (\$):

**\$2,500.00**

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yigal Kass</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>James D. Seegers</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joshua Adam Reiss</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard A. Lapin</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roy W. Nichol</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: <b>47</b>	
2 FILER NAME: <b>Annis Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terri Daggert DiRaddo</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jack Drake</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary E Perring</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>E. Lynn Rodriguez</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/2/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David L. Muck</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Diana C. Untermeyer** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Michael V. Bodin** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Joyce L. Jackson-Noble** out of state PAC7 Amount of  
contribution (\$):**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Chris Hageney** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]**Mailhouse Services**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Richard Norman Maier** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/2/2003**

5 Full Name of Contributor:

**Richard A. Newlin** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

**503**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/2/2003**

5 Full Name of Contributor:

**John Raymond Eckel Jr.** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Vinson & Elkins Texas Political Action Committee** out of state PAC7 Amount of  
contribution (\$):**\$2,500.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Julie Cohn Connor** out of state PAC7 Amount of  
contribution (\$):**\$50.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Richard L. Flowers Jr** out of state PAC7 Amount of  
contribution (\$):**\$200.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Home-PAC (Greater Houston Bldrs Assoc)**

7 Amount of  
contribution (\$):  
**\$250.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**IKE Enterprises**

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Alfred J. Mazur**

7 Amount of  
contribution (\$):  
**\$25.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Janiece M. Longoria**

7 Amount of  
contribution (\$):  
**\$500.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**SEIU COPE Fund**

7 Amount of  
contribution (\$):  
**\$5,000.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Coats, Rose Political Action Committee**

7 Amount of  
contribution (\$):  
**\$500.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**F. William Othon P.E.**

7 Amount of  
contribution (\$):  
**\$250.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**William F. Bulcher**

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Lead, Houston,** [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**James Stewart Walker II, AIA**

7 Amount of  
contribution (\$):  
**\$250.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX** [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Carol Lynne Werner**

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED] **Houston, TX** [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Colleen F. Morimoto</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Norman H. Bevan</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Carole P. Wells</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>George Bo-Linn</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Madeleine G. Appel</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Helen Tarn Chang</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input checked="" type="checkbox"/> out of state PAC <b>IBEW - COPE - Washington DC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edwin C. Friedrichs PE</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>DeAndre M Sam</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul M. Frison</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/3/2003

5 Full Name of Contributor:

**George Beatty Jr.**

out of state PAC

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Michael B. Good**

out of state PAC

7 Amount of contribution (\$):

**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Patricia L. Day**

out of state PAC

7 Amount of contribution (\$):

**\$150.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Robert W. Baker**

out of state PAC

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**George Gee**

out of state PAC

7 Amount of contribution (\$):

**\$100.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Bobby T White</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Herbert Lum</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Raymond Lew</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Amelie B. Richards</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Scott F. Basinger M.D.</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/3/2003**

5 Full Name of Contributor:

**AFSCME - National Office** out of state PAC7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], Washington, D.C. [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**John D. Freeman** out of state PAC7 Amount of  
contribution (\$):**\$2,500.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], [REDACTED], [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Smith, Graham & Co Investment Advisors, LP** out of state PAC7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], [REDACTED], [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**G. Scott Sawyer** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], [REDACTED], [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Gerald M. Brady** out of state PAC7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

[REDACTED], [REDACTED], [REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**George W. Strong**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**J. Art Morales**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Shelley L. Kennedy**7 Amount of  
contribution (\$):  
**\$150.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Michael Y. Chou**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Raymond T. Moy**7 Amount of  
contribution (\$):  
**\$150.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/3/2003

5 Full Name of Contributor:

**Kathy C. Lord**

out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**David W. Arpin**

out of state PAC

7 Amount of contribution (\$):

**\$200.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Carlos Sharpless**

out of state PAC

7 Amount of contribution (\$):

**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Ping-Min Lin**

out of state PAC

7 Amount of contribution (\$):

**\$250.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

12/3/2003

5 Full Name of Contributor:

**Hsin-Lei Liu**

out of state PAC

7 Amount of contribution (\$):

**\$50.00**

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Janice Gore Thomas</b>	7 Amount of contribution (\$): <b>\$200.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Victoria E. Mournian</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Cheryl Sevin</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sandra W Meyer</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Ashok K Dhingra</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**

2 FILER NAME:

**Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Ronald B. Rea PhD** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Catherine Hevrdejs** out of state PAC7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**William R. Wooton** out of state PAC7 Amount of  
contribution (\$):**\$150.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Ann C. Cahill** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/3/2003**

5 Full Name of Contributor:

**Ann C. Cahill** out of state PAC7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code

██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Samuel K Eaton**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Edward A. Kopinitz M.D.**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Lakshmi Singh**7 Amount of  
contribution (\$):  
**\$5,000.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Emma Lou Scott**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**5 Full Name of Contributor:  out of state PAC  
**Judith A. Butler**7 Amount of  
contribution (\$):  
**\$150.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
██████████, ██████████, ██████████

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A1: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Julie A. McClure**

7 Amount of  
contribution (\$):  
**\$100.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Gregory A Jackson**

7 Amount of  
contribution (\$):  
**\$75.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Dennis K Hwa**

7 Amount of  
contribution (\$):  
**\$50.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Marvin A. Rich**

7 Amount of  
contribution (\$):  
**\$150.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/3/2003**

5 Full Name of Contributor:  out of state PAC  
**Marta S Crinejo**

7 Amount of  
contribution (\$):  
**\$30.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>William E Brenneman</b>	7 Amount of contribution (\$): <b>\$150.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David M. Eng</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Terry Lynn Huffington</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Khalid M Abushaaban</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Arthur Louis Schechter</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Riyad A. Abu-Taha</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>J. Philip Donovan</b>	7 Amount of contribution (\$): <b>\$75.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mark E Sandlin</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/3/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Rick Ferguson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/4/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Kenneth M Williams</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/4/2003**

5 Full Name of Contributor:  out of state PAC  
**Todd Roster**

7 Amount of  
contribution (\$):  
**\$50.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**

5 Full Name of Contributor:  out of state PAC  
**Winstead Sechrest & Minick, P.C. PAC**

7 Amount of  
contribution (\$):  
**\$1,500.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**

5 Full Name of Contributor:  out of state PAC  
**Sue Ann Cox**

7 Amount of  
contribution (\$):  
**\$75.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**

5 Full Name of Contributor:  out of state PAC  
**Melanie Gray**

7 Amount of  
contribution (\$):  
**\$500.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**

5 Full Name of Contributor:  out of state PAC  
**Karen Ostrum George**

7 Amount of  
contribution (\$):  
**\$250.00**

8 In kind  
contribution  
(if applicable):

6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**Robert Cary McNair**7 Amount of  
contribution (\$):  
**\$2,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**David H. Berg**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**Jack S. Blanton Jr.**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**Janice Gore Thomas**7 Amount of  
contribution (\$):  
**\$200.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**David A. Meservy**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
██

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**Suzanne Ingemanson Page-Pryde**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/4/2003**5 Full Name of Contributor:  out of state PAC  
**Sharon M. Adams**7 Amount of  
contribution (\$):  
**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/5/2003**5 Full Name of Contributor:  out of state PAC  
**Tom Combs**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/5/2003**5 Full Name of Contributor:  out of state PAC  
**Larry George Shirts**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/5/2003**5 Full Name of Contributor:  out of state PAC  
**Sarah L. Smith**7 Amount of  
contribution (\$):  
**\$150.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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## SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>M Keith Ross</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Shirley M Sewell</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Dr, Houston		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Sherry K Peterson</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] Dr, Houston		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vanessa Edwards Foster</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hazel C Harron</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Barbara M Dales</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nelwyn C Jackson</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Roxanne S Taylor</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>12/5/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Darwin H Poritz</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Judith L. Cross</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/6/2003**5 Full Name of Contributor:  out of state PAC  
**William C Lipscomb Jr.**7 Amount of  
contribution (\$):  
**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/6/2003**5 Full Name of Contributor:  out of state PAC  
**Sally S. Shipman**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/6/2003**5 Full Name of Contributor:  out of state PAC  
**EMILY's List Federal Fund**7 Amount of  
contribution (\$):  
**\$3,300.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]**Salary & Travel Exp -  
Interns**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/6/2003**5 Full Name of Contributor:  out of state PAC  
**Israel Grinberg**7 Amount of  
contribution (\$):  
**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/6/2003**5 Full Name of Contributor:  out of state PAC  
**Martha T. Seng AIA**7 Amount of  
contribution (\$):  
**\$25.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**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: <b>47</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Mary Kay Morton</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth B Conant</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Edith F. Zinn</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter V. Justl</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Vincent R. Ryan Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**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: <b>47</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Caryn Mims</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Leonardo Camargo</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Timothy J Murray</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Fernando L Brave</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>McConnell Jones Lanier &amp; Murphy</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Parra Design Group Ltd</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>E.J.C. Mechanical Services</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Juana M. Vidales</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Anna L Bruner</b>	7 Amount of contribution (\$): <b>\$35.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jennifer Peerless</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
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2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Alan Helfman</b>	7 Amount of contribution (\$): <b>\$311.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/6/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Richard Braastad</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Houston Gay &amp; Lesbian Political Caucus PAC</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Elizabeth Angelos</b>	7 Amount of contribution (\$): <b>\$20.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yvonne A. Meyer</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/8/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hardy Loe Jr.</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karen M. Ward</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David Stone</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Yolanda Alvarado</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date <b>12/9/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>E. Allan Tiller</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dan M. Moody Jr.</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/11/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Charles C. Foster</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Karin R Werness</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Frank V. Fossella</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donald Lee Hauboldt</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: <b>47</b>
2 FILER NAME: <b>Annise Parker</b>	3 ACCOUNT # (Ethics Commission filers)

4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Arturo D. Deleon Jr.</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Varinder P. Bobby Singh</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dolores R. Goble</b>	7 Amount of contribution (\$): <b>\$25.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/12/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Twilight S. Freedman</b>	7 Amount of contribution (\$): <b>\$50.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date <b>12/13/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jane Bass Page</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/16/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Linebarger Goggan Blair Pena &amp; Sampson, LLP</b>	7 Amount of contribution (\$): <b>\$2,500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/17/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Gilbert A. Garcia</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Joseph M. Chernow</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Reliant Resources, Inc. PAC (REPAC)</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Uptown Houston Political Action Committee</b>	7 Amount of contribution (\$): <b>\$500.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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# 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: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/18/2003**

5 Full Name of Contributor:

 out of state PAC**S. F. Hough**7 Amount of  
contribution (\$):**\$100.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/18/2003**

5 Full Name of Contributor:

 out of state PAC**Locke Liddell & Sapp LLP**7 Amount of  
contribution (\$):**\$2,500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/18/2003**

5 Full Name of Contributor:

 out of state PAC**Wilhelmina R. Robertson**7 Amount of  
contribution (\$):**\$500.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/18/2003**

5 Full Name of Contributor:

 out of state PAC**Burney & Foreman, Attorneys-At-Law**7 Amount of  
contribution (\$):**\$250.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

**12/18/2003**

5 Full Name of Contributor:

 out of state PAC**Home-PAC (Greater Houston Bldrs Assoc)**7 Amount of  
contribution (\$):**\$1,000.00**8 In kind  
contribution  
(if applicable):6 Contributor Address: City, State, Zip Code  
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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# 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: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Hou Con PAC</b>	7 Amount of contribution (\$): <b>\$5,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Steven A Jarvis</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paul E. Culbreth</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Donna Conrad</b>	7 Amount of contribution (\$): <b>\$1,000.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>David L. Collins</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
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 A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: <b>47</b>	
2 FILER NAME: <b>Annise Parker</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Peter C. Peltier</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Paris Bransford</b>	7 Amount of contribution (\$): <b>\$100.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Jeanette A. Rash</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Nancy B. Berkman</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date <b>12/18/2003</b>	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC <b>Dale R Kornegay</b>	7 Amount of contribution (\$): <b>\$250.00</b>	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
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 A1**  
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **47**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/25/2003**5 Full Name of Contributor:  out of state PAC  
**Patty Albers**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
**[REDACTED]**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date  
**12/25/2003**5 Full Name of Contributor:  out of state PAC  
**Norma J Graves**7 Amount of  
contribution (\$):  
**\$50.00**8 In kind  
contribution  
(if applicable) :6 Contributor Address: City, State, Zip Code  
**[REDACTED]**

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

Schedule A1 Report Total: \$88,851.00

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

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

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

(Office use only)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

EMILY's List

ADDRESS (For full street address) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100

Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 / 24 / 2003

3. FEC IDENTIFICATION NUMBER C00193433

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Joseph Solmonese

Signature of Treasurer Electronically filed by Joseph Solmonese Date 07 / 4 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office use only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1110

FEC FORM 1 (Revised 1/2001)

I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

9/4/03 Date Eileen J. Caravan Deputy Assistant Staff Director For Disclosure

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
-----------------------------	----------------	-------	--------	-----------	----------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

**EMILY's List**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Amy Gilbert

Mailing Address Gilbert & Wolfand  
2201 Wisconsin Avenue  
Washington DC 20007

Title or Position ▼ Accountant CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20007

Telephone number 202 342 6000

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Joseph Solmonese

Mailing Address 1120 Connecticut Avenue NW  
Ste 1100  
Washington DC 20036

Title or Position ▼ Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20036

Telephone number 202 326 1400

Full Name of Designated Agent Caroline C. Fines

Mailing Address 1120 Connecticut Avenue, NW  
Ste 1100  
Washington DC 20036

Title or Position ▼ Assistant Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20036

Telephone number 202 326 1400

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲



December 2, 2003

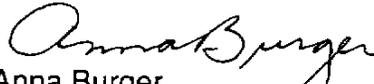
Annise Parker Campaign  
P.O. Box 66513  
Houston, TX 77266

Dear Finance Chairman:

Transmitted herewith is our check in the amount of \$5,000 made payable to Annise Parker Campaign. This check is our contribution towards your race for comptroller and it is being sent to you with our best wishes.

Please be assured that this check represents voluntary contributions from the members of SEIU. We will be reporting this contribution by SEIU COPE to the FEC. We have also enclosed a copy of SEIU COPE's Statement of Organization as currently on file with the FEC. This statement is accurate and complete to the best of my knowledge and belief.

Sincerely,

  
Anna Burger  
Treasurer, SEIU COPE

ANDREW L. STERN  
International President

ANNA BURGER  
International Secretary-Treasurer

PATRICIA ANN FORD  
Executive Vice President

ELISEO MEDINA  
Executive Vice President

TOM WOODRUFF  
Executive Vice President

AB:edb

Enclosures

opeiu#2  
afl-cio,clc

SERVICE EMPLOYEES  
INTERNATIONAL UNION  
AFL-CIO, CLC

1313 L Street, N.W.  
Washington, D.C. 20005

202.898.3200  
TDD: 202.898.3481  
www.SEIU.org



# FEC FORM 1 STATEMENT OF ORGANIZATION

FILING FEC-100750

## 1. Service Employees International Union Committee On Political Education (SEIU COPE)

**NOTE:** Committee Name IS Different than previously reported Click [HERE](#) for previous address information

1313 L Street NW  
Washington, DC 20005

2. Date: 12/02/2003
3. FEC Committee ID #: C00004036

**This committee is a Separate Segregated Fund**

### Affiliated Committees/Organizations

Service Employees International Union  
1313 L Street NW  
Washington, DC 20005  
Relationship: Connected  
Organization Type: Labor Organization

Committee ID# C00348540  
1199 Service Employees Int'l Union Fed  
330 W 42nd St 7th Floor  
New York, New York 10036  
Relationship: Affiliated

Committee ID# C00344531  
1199 32BJ/144 Service Employees Intern  
330 W. 42nd St 7th Floor  
New York, New York 10036  
Relationship: Affiliated

Committee ID# C00355289  
Local 32BJ SEIU American Dream Politic  
101 Avenue of the Americas  
New York, New York 10013  
Relationship: Affiliated

Committee ID# C00148098  
New York State Public Employees Federa  
P.O. Box 12414  
Albany, New York 12212  
Relationship: Affiliated

Committee ID# C00392969  
Take Back America SEIU  
330 W 42nd Street 9th Floor  
New York, New York 10036  
Relationship: Affiliated

**Custodian of Records:**

Anna Burger  
1313 L Street NW  
Washington, DC 20005  
Title: Treasurer

**Treasurer:**

Anna Burger  
1313 L Street NW  
Washington, DC 20005  
Title: Treasurer

**Designated Agent(s):**

**Banks or Depositories**

Suntrust Bank  
1445 New York Ave. NW  
Washington, DC 20005

**Signed: Anna Burger**  
**Date Signed: 12/02/2003**  
**Official Committee URL:**

**(End FEC FORM 1)**



Generated Tue Dec 2 14:30:41 2003

# UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk  
Washington, D.C.

015806

## REGISTRATION FORM AND STATEMENT OF ORGANIZATION

FOR A

COMMITTEE

1972 MAY 22 PM 1:05

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND  
ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF  
\$1,000 IN ANY CALENDAR YEAR

### REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL  
REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding \$1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of \$1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oath.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding \$1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oath, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON

1. Full name of committee: POLITICAL EDUCATION

Mailing address and ZIP code: 1125 - 15th Street, N. W.  
Washington, D. C. 20005

Date of this registration: May 19, 1972

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
I.B.E.W.	1125 - 15th Street, N. W. Washington, D. C. 20005	

Federal Election Commission ID# C00027342

Submit additional information on separate attachments where appropriate labeled and attached to this Statement of Organization (and enter in the appropriate box above other information as requested on separate page(s)).

3. Area, Scope and Jurisdiction of the Committee:

- (a) Will this committee operate in more than one State? Yes
- (b) Will it operate on a statewide basis in one State? Yes
- (c) Will it primarily support candidates seeking State or local office? No

(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of \$1,000 during the calendar year? Yes

U.S. ELECTION FORM 1

72000070942

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL  
WORKERS COMMITTEE ON POLITICAL EDUCATION**

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Will Support A Number of Candidates As Determined From Time To Time			

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A. Number Of Candidates As Determined From Time to Time			

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A Number of Candidates As Determined From Time To Time			

5. If this committee is supporting the entire ticket of a party, give name of party: .. Non-Applicable ..

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
Joseph D. Keenan	1125 - 15th Street, N. W. Washington, D. C. 20005	Secretary Treasurer

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Charles H. Pillard	1125 - 15th Street, N. W. Washington, D. C. 20005	Chairman

Additional information on separate continuation sheets appropriately labeled and attached to this statement. If no additional information is furnished, the information is contained on separate pages.

000070943

8. Does this committee plan to stay in existence beyond the current calendar year? Yes If so how long? Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? Non-Applicable

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
The First National Bank of Washington	Washington, D. C.

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code

\*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above where information is contained on separate page(s).

STATE District of Columbia  
County of \_\_\_\_\_ SS.

I, Joseph D. Keenan, being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Subscribed and sworn to (affirmed) before me this 19th day of May, A.D. 1972

[SEAL]

Frances Mariett Davis  
Frances Mariett Davis (Notary Public) - District of Columbia  
My commission expires July 11, 1973

Return completed form and attachments to:  
The Clerk, U.S. House of Representatives  
Office of Records and Registration  
1036 Longworth House Office Building  
Washington, D.C. 20515

7200070944

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street) 1625 L Street, N.W.

(Check if address is changed)

Washington, DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ► C 00011114

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Lucy

Signature of Treasurer



Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 1/01)

**LOANS**

**SCHEDULE E**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <p style="text-align: center; font-size: 1.2em;">1</p>
<b>2</b> FILER NAME <p style="font-size: 1.1em;">Annise Parker</p>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ↗    ↗    ↗    ↗    ↗    ↗		\$
<b>5</b> Date of loan <p style="font-size: 1.1em;">09/26/2003</p>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="font-size: 1.1em;">Annise Parker</p>	<b>9</b> Loan Amount (\$) <p style="font-size: 1.1em;">10,000.00</p>
<b>6</b> Is lender a financial institution? <p style="font-size: 1.1em;">Y                      <input checked="" type="radio"/> N</p>	<b>8</b> Lender address;    City;    State;    Zip Code <p style="font-size: 1.1em;">P.O. Box 66513 Houston, TX 77266</p>	<b>10</b> Interest rate <p style="font-size: 1.1em;">0</p>
		<b>11</b> Maturity date <p style="font-size: 1.1em;">On Demand</p>
<b>12</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>13</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>14</b> Name of guarantor  <b>15</b> Guarantor address;    City;    State;    Zip Code	<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation <p style="font-size: 1.1em;">City Controller</p>		<b>18</b> Employer <p style="font-size: 1.1em;">City of Houston</p>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <p style="font-size: 1.1em;">Y                      N</p>	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
--------------------------------	-------------------	-------	--------	-----------	-------------------

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F  
15

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

Date 12/2/2003	Payee Name Nextel				Amount (\$)
	Payee address	City;	State;	Zip Code	\$62.52
	P.O. Box 54977	Los Angeles	CA	90054-0977	

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

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

Date 12/2/2003	Payee Name Sprint				Amount (\$)
	Payee address	City;	State;	Zip Code	\$27.61
	P.O. Box 650270	Dallas	TX	75265	

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 12/3/2003	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$36.34
	P. O. Box 66513	Houston	TX	77266	

Purpose of payment (See instructions regarding type of information required)  
**Reimb Business Meal (10-25-03 Sched G)**

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

Date 12/3/2003	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$25.00
	P. O. Box 66513	Houston	TX	77266	

Purpose of payment (See instructions regarding type of information required)  
**Reimb Women's Pol Forum Sponsor (10-25-03 Sched G)**

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F  
15

FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/3/2003	Payee Name <b>Annise Parker</b>				Amount (\$)  \$25.00
	Payee address P. O. Box 66513	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required)  
**Reimb Women's Pol Forum Sponsor (10-25-03 Sched G)**

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

Date 12/3/2003	Payee Name <b>Annise Parker</b>				Amount (\$)  \$31.00
	Payee address P. O. Box 66513	City; Houston	State; TX	Zip Code 77266	

Purpose of payment (See instructions regarding type of information required)  
**Reimb Parking & Tolls Expenses (10-25-03 Sched G)**

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

Date 12/3/2003	Payee Name <b>Barbara Harville</b>				Amount (\$)  \$55.97
	Payee address 5806 Autumn Forest Drive	City; Houston	State; TX	Zip Code 77092	

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

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

Date 12/3/2003	Payee Name <b>Annise Parker</b>				Amount (\$)  \$7.30
	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 Refreshments (10-25-03 Sched G)**

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

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date  
12/5/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$1,481.32

P. O. Box 667307

Houston

TX

77266-7307

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

Mailing & Postage Exp

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/5/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$855.63

P. O. Box 667307

Houston

TX

77266-7307

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

Mail House Expenses

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/5/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$12.85

P. O. Box 667307

Houston

TX

77266-7307

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

Supplies

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

Candidate / Officeholder name

Office sought

Office held

Date  
12/5/2003

Payee Name

Grant Martin Consulting

Amount  
(\$)

Payee address

City;

State;

Zip Code

\$262.74

P. O. Box 667307

Houston

TX

77266-7307

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

Telephone

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

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annis Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/5/2003	Payee Name				Amount (\$)  \$2,753.50
	Grant Martin Consulting				
	Payee address	City;	State;	Zip Code	
	P. O. Box 667307	Houston	TX	77266-7307	

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

Date 12/5/2003	Payee Name				Amount (\$)  \$27.69
	Grant Martin Consulting				
	Payee address	City;	State;	Zip Code	
	P. O. Box 667307	Houston	TX	77266-7307	

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

Date 12/5/2003	Payee Name				Amount (\$)  \$800.00
	Grant Martin Consulting				
	Payee address	City;	State;	Zip Code	
	P. O. Box 667307	Houston	TX	77266-7307	

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

Date 12/5/2003	Payee Name				Amount (\$)  \$1,250.00
	Grant Martin Consulting				
	Payee address	City;	State;	Zip Code	
	P. O. Box 667307	Houston	TX	77266-7307	

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

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

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

Date 12/5/2003	Payee Name Grant Martin Consulting	Payee address P. O. Box 667307			City; Houston	State; TX	Zip Code 77266-7307	Amount (\$) \$8,000.00
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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
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Date 12/5/2003	Payee Name Grant Martin Consulting	Payee address P. O. Box 667307			City; Houston	State; TX	Zip Code 77266-7307	Amount (\$) \$1,520.21
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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
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Date 12/5/2003	Payee Name Grant Martin Consulting	Payee address P. O. Box 667307			City; Houston	State; TX	Zip Code 77266-7307	Amount (\$) \$6,838.75
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Purpose of payment (See instructions regarding type of information required) Radio Advertising	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name			Office sought	Office held
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Date 12/5/2003	Payee Name Grant Martin Consulting	Payee address P. O. Box 667307			City; Houston	State; TX	Zip Code 77266-7307	Amount (\$) \$10.66
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Purpose of payment (See instructions regarding type of information required) Website expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name			Office sought	Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$) <b>\$1,300.00</b>
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	

Purpose of payment (See instructions regarding type of information required)  
**Baptist Ministers of Houston & Vicinity - GOTV Exp**

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$) <b>\$16.24</b>
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	

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 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$) <b>\$4,164.92</b>
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	

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

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$) <b>\$2,500.00</b>
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	

Purpose of payment (See instructions regarding type of information required)  
**Sharon Davis - Consulting**

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

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$1,250.00</b>
	Payee address <b>P. O. Box 667307</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77266-7307</b>	

Purpose of payment (See instructions regarding type of information required)  
**Campaign Manager - Renita Davis**

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$1,000.00</b>
	Payee address <b>P. O. Box 667307</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77266-7307</b>	

Purpose of payment (See instructions regarding type of information required)  
**Consulting Fee - Keith Wade**

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$100.00</b>
	Payee address <b>P. O. Box 667307</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77266-7307</b>	

Purpose of payment (See instructions regarding type of information required)  
**HQ Janitorial Expense**

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$253.35</b>
	Payee address <b>P. O. Box 667307</b>	City; <b>Houston</b>	State; <b>TX</b>	Zip Code <b>77266-7307</b>	

Purpose of payment (See instructions regarding type of information required)  
**Courier Service**

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

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)  <b>\$273.31</b>
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	

Purpose of payment (See instructions regarding type of information required) <b>Volunteer Refreshments</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)  <b>\$750.00</b>
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	

Purpose of payment (See instructions regarding type of information required) <b>Alegra Howard - Contract Labor</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)  <b>\$1,500.00</b>
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	

Purpose of payment (See instructions regarding type of information required) <b>Houston Black American Democrats - GOTV Expenses</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)  <b>\$39.84</b>
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$106.13</b>
	Payee address P. O. Box 667307	City; Houston	State; TX	Zip Code 77266-7307	

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$5,310.50</b>
	Payee address P. O. Box 667307	City; Houston	State; TX	Zip Code 77266-7307	

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$1,000.00</b>
	Payee address P. O. Box 667307	City; Houston	State; TX	Zip Code 77266-7307	

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

Date 12/5/2003	Payee Name <b>Grant Martin Consulting</b>				Amount (\$)  <b>\$750.00</b>
	Payee address P. O. Box 667307	City; Houston	State; TX	Zip Code 77266-7307	

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

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

Date 12/5/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$500.00

Purpose of payment (See instructions regarding type of information required)  
**Houston 80-20 PAC - GOTV Expenses**

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

Date 12/5/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$1,191.39

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 12/8/2003	Payee Name Stefanie Gans	Amount (\$)
	Payee address City; State; Zip Code 113 Elkins Road Cherry Hill NJ 08034	\$1,250.00

Purpose of payment (See instructions regarding type of information required)  
**Stefanie Gans - Contract Labor**

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

Date 12/8/2003	Payee Name Alegra Howard	Amount (\$)
	Payee address City; State; Zip Code 1111 Post Oak Blvd. Houston TX 77056	\$1,250.00

Purpose of payment (See instructions regarding type of information required)  
**Alegra Howard - Contract Labor**

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

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

Date 12/8/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$16,000.00

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 12/11/2003	Payee Name Washington Mutual	Amount (\$)
	Payee address City; State; Zip Code 1934 W Gray St Houston TX 77019	\$15.00

Purpose of payment (See instructions regarding type of information required)  
**Banking Charges**

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

Date 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$167.41

Purpose of payment (See instructions regarding type of information required)  
**Courier Service**

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

Date 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$1,250.00

Purpose of payment (See instructions regarding type of information required)  
**Campaign Manager - Renita Davis**

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

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**POLITICAL EXPENDITURES**

**SCHEDULE F**

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

Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$500.00</b>

Purpose of payment (See instructions regarding type of information required) <b>Lone Star Strategies - Event Expense</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$2,000.00</b>

Purpose of payment (See instructions regarding type of information required) <b>Kathryn Mc Niel - Event Expense</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$219.50</b>

Purpose of payment (See instructions regarding type of information required) <b>Moving Expenses</b>	<b>** Complete if direct expenditures to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address <span style="float: right;">City; State; Zip Code</span> <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$500.00</b>

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

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

Date 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$234.85

Purpose of payment (See instructions regarding type of information required) Breakfast Klub - Event Expense	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$266.37

Purpose of payment (See instructions regarding type of information required) Research Expenses	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$868.90

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 12/19/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$150.00

Purpose of payment (See instructions regarding type of information required) Sound Equipment	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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FILER NAME **Annise Parker** ACCOUNT # (Ethics Commission filers)

Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$102.37</b>

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

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

Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$500.00</b>

Purpose of payment (See instructions regarding type of information required)  
**Home Plate Bar and Grill - Event Expense**

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

Date <b>12/19/2003</b>	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code <b>P. O. Box 667307 Houston TX 77266-7307</b>	<b>\$562.14</b>

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 <b>12/19/2003</b>	Payee Name <b>Campos Communications</b>	Amount (\$)
	Payee address City; State; Zip Code <b>816 Ralfallen St Houston TX 77008</b>	<b>\$10,000.00</b>

Purpose of payment (See instructions regarding type of information required)  
**Campos Communications - 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**

THE INSTRUCTION GUIDE explains how to complete this form.

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FILER NAME

**Annise Parker**

ACCOUNT # (Ethics Commission filers)

Date 12/19/2003	Payee Name <b>Grant Martin Consulting</b>	Amount (\$)
	Payee address City; State; Zip Code P. O. Box 667307 Houston TX 77266-7307	\$106.13

Purpose of payment (See instructions regarding type of information required) <b>Internet Service - Time Warner Cable</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 12/22/2003	Payee Name <b>Nia Development, Inc.</b>	Amount (\$)
	Payee address City; State; Zip Code 3514 Arbor Houston TX 77004	\$10,000.00

Purpose of payment (See instructions regarding type of information required) <b>Consulting</b>	** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Schedule F Report Total: \$92,032.44