

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 this report: 1/7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Annise Parker	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. 66513 Houston TX 77266		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
		Kathy Hubbard	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	P.O. Box 66513 houston TX 77266		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713) 522-9000		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	07/01/2001		THROUGH 09/27/2001
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
		11/06/2001	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Houston City Council at Large #1		Houston City Council at Large #1
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Annise Parker

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 17125.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

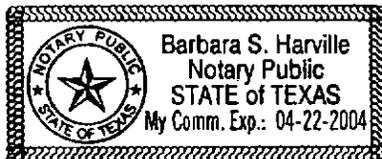
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 14992.97

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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 9th day of October, 2001, to certify which, witness my hand and seal of office.

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

**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: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jose L. De La Fuente	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul R. Tetreault	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jessica Redman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tracy Duvivier Gary	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joyce Maniha	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Murphy	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gracie Olivares	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda Majors	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elaine Decanio	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tony Carroll	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John A Nechman	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Clair L. Koepsel	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wanda J. Hignight	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC M Catherine Velasquez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph Burke	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry R. Moore	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Maloney	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tamara Ishee	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stewart Zuckerbrod	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC McRay Consulting LLC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles E. Armstrong	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, TX ██████████		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Doraliz Ramos	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, TX ██████████		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton C. Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, TX ██████████		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC The Metropolis Group	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, TX ██████████		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lynne Huffer	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code ██████████, TX ██████████		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patrick R. McKee	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vanessa Edwards Foster	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Angela Kay Martin	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC L. Diana Butler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Caroline Scott	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: 23	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Neil Jones	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 7/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan E. Lovell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 7/9/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jo E Stevenson	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 7/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan Marie Tate	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 7/20/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Tryon Robinson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael M. Fowler	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Asher Wood	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mathew A. Masek	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glen W. Hauenstein	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary Teixeira	7 Amount of contribution (\$): \$750.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 77007		
9 Principal Occupation (Optional):		10 Employer (Optional):	

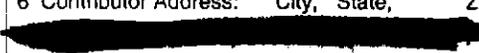
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

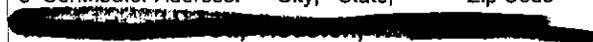
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

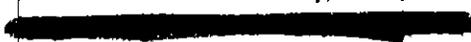
SCHEDULE A1 (FOR FORMS C/OH and SPAC)

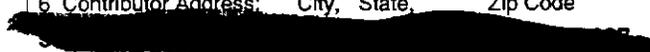
The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carol A. Lewis	7 Amount of contribution (\$): \$40.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill Patterson	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H Irving Schweppe	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Melanie Gray	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Courtney Heard	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: **23**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jon K. Gossett	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Club Rainbow	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J Barton Kendrick	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 7/23/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jamie R. Mize	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 7/24/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peter Nahua	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code 6262 Cambridge, Apt. 1102, Houston, TX 77034-5124		

9 Principal Occupation (Optional): 10 Employer (Optional):

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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: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/25/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Monica Vaughan	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 411 Bond			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peggy Smith	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Victoria Williams	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tara S Fisher	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy B Rapoport	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 7/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC A. Ann Alexander	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 7/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan S Evangelist	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Priscilla G. Mcieroy	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank N. Luccia	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claire L. Baker	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 8/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kimberly Diane Marler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gayle E Parker	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joy Lynn Dansby	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James G Halloran	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lauri Laufman	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: **23**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/4/2001

5 Full Name of Contributor:

Laura J Bond 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 (Optional):

10 Employer (Optional):

4 Date

8/4/2001

5 Full Name of Contributor:

Margaret T Lenz 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 (Optional):

10 Employer (Optional):

4 Date

8/4/2001

5 Full Name of Contributor:

Linda S Anderson 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 (Optional):

10 Employer (Optional):

4 Date

8/4/2001

5 Full Name of Contributor:

Jake Emery out of state PAC7 Amount of
contribution (\$):**\$20.00**8 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code

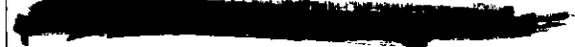

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

8/4/2001

5 Full Name of Contributor:

Chris Hageney 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 (Optional):

10 Employer (Optional):

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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: **23**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date
8/4/20015 Full Name of Contributor: out of state PAC
Denise Wenner7 Amount of
contribution (\$):
\$20.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
8/4/20015 Full Name of Contributor: out of state PAC
John C Thomas7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
8/5/20015 Full Name of Contributor: out of state PAC
Susan I Rokes7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
8/6/20015 Full Name of Contributor: out of state PAC
M. Sandra Scurria7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
8/6/20015 Full Name of Contributor: out of state PAC
Thomas F Williams7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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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: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 8/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Raequel Roberts	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/9/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James L. Hildebrand	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sheila Kay Johnstone	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marcus L Stevenson	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

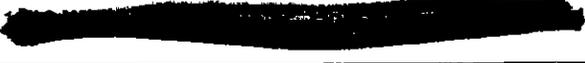
4 Date 8/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Williams, Birnberg & Anderson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

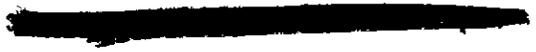
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

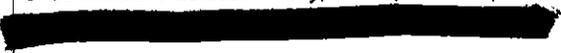
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

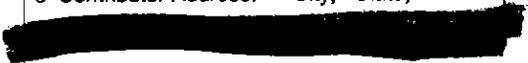
SCHEDULE A1 (FOR FORMS C/OH and SPAC)

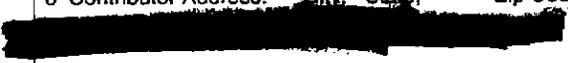
The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Denise Wenner	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gail Eldridge	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cheryl Wolfarth	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jackie Klieger	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kathleen Paulsen	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: **23**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Seth J Chandler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda S Anderson	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paula A Johnson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jan Pasternak	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Audrey Y. Crawford	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):

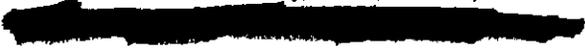
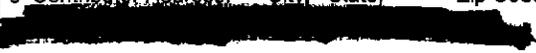
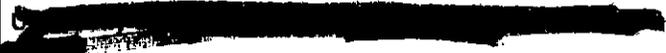
10 Employer (Optional):

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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: 23	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara J Williams	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ellen E Butler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 8/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul M Janicke	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 8/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Rivera	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 8/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Zelda Rick	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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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: **23**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ralph O'Connor	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 8/17/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Doug Lawing	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 8/21/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dominick M Servedio	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 8/22/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill L. Blain	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 8/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Agusta Z Moore	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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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: 23
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 8/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John P. Littlejohn	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 9/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Samuel W Anderson	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 9/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jan L Laughlin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 9/6/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ricardo G Castaneda	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

4 Date 9/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC HAA Better Government Fund	7 Amount of contribution (\$): \$3,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
------------------------------------	-------------------------

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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: **23**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 9/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Independent Electrical Contractors, Inc.	7 Amount of contribution (\$): \$400.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 9/14/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia L. Day	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Connie J Payne	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vicki G. Barnhill	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Amanda B Dailey	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional): 10 Employer (Optional):

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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: 23	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ileana T Fernandez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cynthia K Cameron	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra L Takacs	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 9/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Deborah A Johns	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/7
2 FILER NAME Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/31/2001	5 Payee name Ada Edwards Campaign 6 Payee address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount (\$) 100.00
8 Purpose of expenditure (See instructions regarding type of information required.) Contributions		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/17/2001	Payee name City of Houston, City Secretary Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 506.00
Purpose of expenditure (See instructions regarding type of information required.) Filing Fee		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/27/2001	Payee name Grant Martin Consulting Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 6000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/27/2001	Payee name Grant Martin Consulting Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 713.80
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/7
2 FILER NAME Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/27/2001	5 Payee name Grant Martin Consulting	7 Amount (\$) 388.84
6 Payee address; City; State; Zip Code [REDACTED] [REDACTED]		
8 Purpose of expenditure (See instructions regarding type of information required.) Printing & Reproduction		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/20/2001	Payee name Harris County Tejano Democrats	Amount (\$) 175.00
Payee address; City; State; Zip Code [REDACTED] [REDACTED]		
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/05/2001	Payee name Houston Voice	Amount (\$) 205.00
Payee address; City; State; Zip Code [REDACTED] [REDACTED]		
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/06/2001	Payee name Jewish Herald-Voice	Amount (\$) 370.00
Payee address; City; State; Zip Code [REDACTED] [REDACTED]		
Purpose of expenditure (See instructions regarding type of information required.) Advertising		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/7
2 FILER NAME Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 09/27/2001	5 Payee name Kingwood Area Democrats 6 Payee address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount (\$) 35.00
8 Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/17/2001	Payee name Northline Park Advisory Council Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 100.00
Purpose of expenditure (See instructions regarding type of information required.) Sponsorships		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/07/2001	Payee name Office Max Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 43.29
Purpose of expenditure (See instructions regarding type of information required.) Printing and Reproduction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/02/2001	Payee name Progressive Voters in Action Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 3000.00
Purpose of expenditure (See instructions regarding type of information required.) Field Campaign		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/7

2 FILER NAME
Annise Parker

3 ACCOUNT # (Ethics Commission files)

4 Date
08/02/2001

5 Payee name
Progressive Voters in Action

7 Amount
(\$)
3000.00

6 Payee address; City; State; Zip Code

8 Purpose of expenditure (See instructions regarding type of information required.)
Field Campaign

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

Date
07/09/2001

Payee name
The Texas Triangle

Amount
(\$)
271.00

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
Advertising

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

Date
07/09/2001

Payee name
Voice Stream

Amount
(\$)
51.60

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
Telephone

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

Date
08/02/2001

Payee name
Voice Stream

Amount
(\$)
28.23

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)
Telephone

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 777
2 FILER NAME Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 08/09/2001	5 Payee name Voice Stream 6 Payee address; City; State; Zip Code [REDACTED] [REDACTED]	7 Amount (\$) 0.21
8 Purpose of expenditure (See instructions regarding type of information required.) Telephone	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/08/2001	Payee name Washington Mutual Payee address; City; State; Zip Code [REDACTED] [REDACTED]	Amount (\$) 5.00
Purpose of expenditure (See instructions regarding type of information required.) Bank Charge	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	