

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 ID#)	2 Total pages this report: 25
3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Ms. FIRST: Annise LAST: Parker NICKNAME: _____ SUFFIX: _____	OFFICE USE ONLY Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 66513 Houston TX 77266		
5 CAMPAIGN TREASURER NAME	TITLE: Ms. FIRST: Kathy LAST: Hubbard NICKNAME: _____ SUFFIX: _____		
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: (713) PHONE NUMBER: 522-9000 EXTENSION: _____		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/28/2001 12/31/2001		
10 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) City Council at Large, Position 1	12 OFFICE SOUGHT (if known) City Council at Large, Position 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 Ms. Annise Parker	15 ACCOUNT # (Ethics Commission filers)
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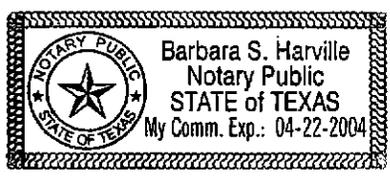
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17998.46
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 25595.11
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 15th day of January, 2002, 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: 18
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Muffie Moroney	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 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Uptown Houston 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 (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Devin M. Borden	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 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Heidi M Gerger	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 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robin Reagler	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):	

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)

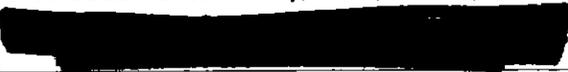
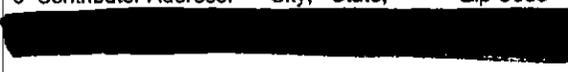
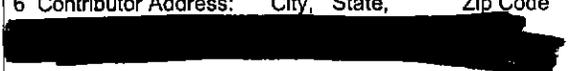
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hiram Carruthers Butler	7 Amount of contribution (\$): \$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 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gayle Ross De Geurin	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 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul Colbert	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stanford Alexander	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Richard Pickering	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)

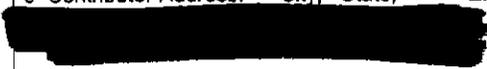
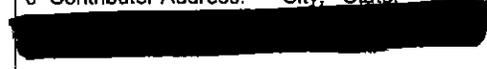
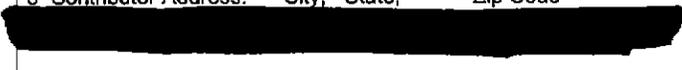
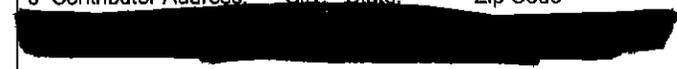
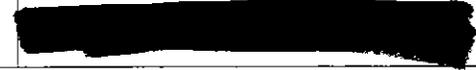
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Al Luna	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kimberly A. Arlinghaus	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gail Eldridge	7 Amount of contribution (\$): \$60.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles K. White	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marge O'Connor	7 Amount of contribution (\$): \$250.00	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)

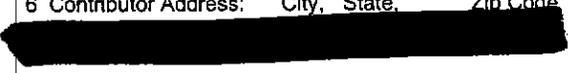
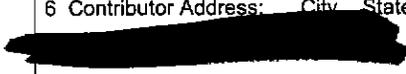
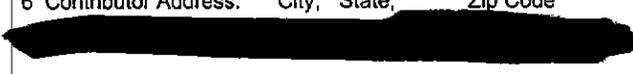
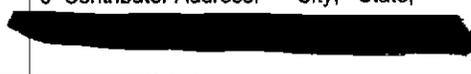
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jennifer A. Eaves	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patrick Ezell	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Preservation Partners	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ott Littleton Luther	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TREPAC	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):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

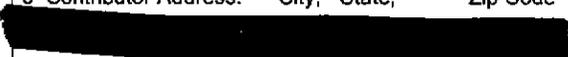
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Aubrey B Calvin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richie & Glass	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Associated Builders & Contractors of Greater Houston PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlene Tanner	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 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Waste Management PAC	7 Amount of contribution (\$): \$250.00	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: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Dock & Marine Council PAC	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen L Friend	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jay H. Jones	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Teamsters Local Union #988 Drive Political Fund	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard B. Mayor	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: **18**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/20015 Full Name of Contributor: out of state PAC
Mark Parthie7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor: out of state PAC
James D. Fanning7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor: out of state PAC
Jon K. Gossett7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor: out of state PAC
Lauri Laufman7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor: out of state PAC
Frank Fossella7 Amount of
contribution (\$):
\$100.008 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: **18**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald B. Rea	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Rennie Glover	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Hackett	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 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Victoria E. Mournian	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 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peter Montgomery Frost	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: **18**

2 FILER NAME: **Annise Parker**

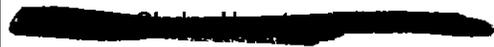
3 ACCOUNT # (Ethics Commission filers)

4 Date
11/1/2001

5 Full Name of Contributor: out of state PAC
Kim Bowman

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
11/1/2001

5 Full Name of Contributor: out of state PAC
Nelda J. Shoup

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
11/1/2001

5 Full Name of Contributor: out of state PAC
Jim Osborn

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

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code
, TX

9 Principal Occupation (Optional):

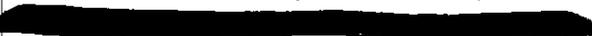
10 Employer (Optional):

4 Date
11/3/2001

5 Full Name of Contributor: out of state PAC
Harris County Democrats

7 Amount of contribution (\$):
\$1,538.46

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code


Endorsement Flyer

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/6/2001

5 Full Name of Contributor: out of state PAC
McConnell Jones Lanier & Murphy

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

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: 18
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joan Maynard	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Candyce Rylander	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janice Lee Ives	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edwin Rumsey	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Margaret M. Thibodeaux	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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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: **18**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/8/2001

5 Full Name of Contributor: out of state PAC
Carolyn A. Collins

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
11/8/2001

5 Full Name of Contributor: out of state PAC
Union Pacific Corporation Fund for Effective Government

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
11/8/2001

5 Full Name of Contributor: out of state PAC
Across the Track, PAC

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
11/8/2001

5 Full Name of Contributor: out of state PAC
Unallocated Misc. Cash Donations

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
11/8/2001

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
[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: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lucretia R. Copeland	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrew English Anderson	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Hensley	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lloyd Herman	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Adrian Neil Havens	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: 18
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Isabel Brown Wilson	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lloyd Herman	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dee Mosbacher	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tammy Manning	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 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James W. Fonteno	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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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

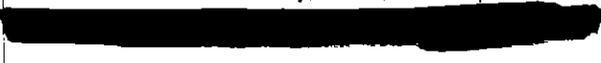
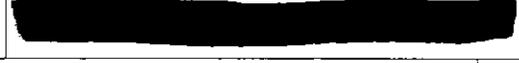
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/8/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leila M. Reynolds	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Fire Fighters L-341 Political Action Fund	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward R. Allen	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 11/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul Sumrall	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 11/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lea Bogle	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: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Montgomery	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 11/14/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael W Lieberman	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 11/14/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Baker & Botts Amicus Fund	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 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Akin, Gump, Strauss, Hauer & Feld, LLP	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 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ruth Rothman	7 Amount of contribution (\$): \$250.00	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: 18
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles Spain	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 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas Kessler	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 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shellye Arnold	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 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Howard Gibbons	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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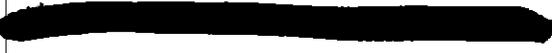
4 Date 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Georgia K. Peterson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal Occupation (Optional):	10 Employer (Optional):
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/15/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judy Reiner	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 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stanley Brewer	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 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Toni L. Blankmann	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 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC PHCG Investments	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 12/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel T Brooks	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: 18	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/11/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tobin Englet	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 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ali Davari	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 1/5
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/27/2001	5 Payee name Annise Parker 6 Payee address; City; State; Zip Code PO Box 66513 Houston TX 77266	7 Amount (\$) 145.35
8 Purpose of expenditure (See instructions regarding type of information required.) Meeting Refreshments / Parking		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/29/2001	Payee name Annise Parker Payee address; City; State; Zip Code PO Box 66513 Houston TX 77266	Amount (\$) 17.89
Purpose of expenditure (See instructions regarding type of information required.) Meeting Refreshments		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/12/2001	Payee name GOLD PAC Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 5000.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/26/2001	Payee name GOLD PAC Payee address; City; State; Zip Code PO Box 667307 Houston TX 77266	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		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:
2/5

2 FILER NAME
Ms. Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 12/28/2001	5 Payee name Garnet Coleman Campaign	7 Amount (\$) 500.00
6 Payee address; City; State; Zip Code PO Box 88140 Houston TX 77288		

8 Purpose of expenditure (See instructions regarding type of information required.) Contribution	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 11/14/2001	Payee name Giles-Snyder Design	Amount (\$) 2694.13
Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006		

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 11/14/2001	Payee name Giles-Snyder Design	Amount (\$) 3438.29
Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006		

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 11/14/2001	Payee name Giles-Snyder Design	Amount (\$) 514.19
Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006		

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
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POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:
3/5

2 FILER NAME
Ms. Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/14/2001	5 Payee name Giles-Snyder Design 6 Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006	7 Amount (\$) 268.46
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8 Purpose of expenditure (See instructions regarding type of information required.) Printing and Reproduction	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/14/2001	Payee name Giles-Snyder Design Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006	Amount (\$) 108.25
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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
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Date 11/27/2001	Payee name Giles-Snyder Design Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006	Amount (\$) 492.54
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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
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Date 12/28/2001	Payee name Giles-Snyder Design Payee address; City; State; Zip Code 1301 Marshall Houston TX 77006	Amount (\$) 3787.77
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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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 4/5
2 FILER NAME Ms. Annise Parker		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/30/2001	5 Payee name Grant Martin Consulting 6 Payee address; City; State; Zip Code 1639 Harold Houston TX 77006	7 Amount (\$) 2000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Consulting		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/13/2001	Payee name OutSmart Magazine Payee address; City; State; Zip Code PO Box 742956 Houston TX 77006	Amount (\$) 647.00
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 10/31/2001	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 I-H 35 Austin TX 77802	Amount (\$) 4400.00
Purpose of expenditure (See instructions regarding type of information required.) Research		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/30/2001	Payee name Triangle Payee address; City; State; Zip Code 1315 W Alabama Houston TX 77006	Amount (\$) 402.00
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:
5/5

2 FILER NAME
Ms. Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/13/2001

5 Payee name
Voice Stream

7 Amount
(\$)
148.93

6 Payee address; City; State; Zip Code
2 E Greenway Plz # 1100
Houston TX 77046

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
12/19/2001

Payee name
Voice Stream

Amount
(\$)
30.31

Payee address; City; State; Zip Code
2 E Greenway Plz # 1100
Houston TX 77046

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