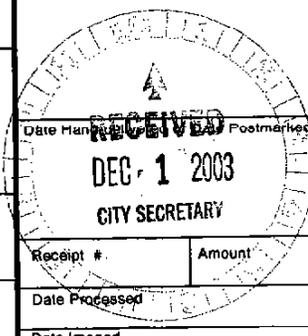


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 131
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Annise</p> <hr/> NICKNAME LAST SUFFIX <p style="text-align:center;">Parker</p>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">P.O. Box 66513 Houston, TX 77266</p> <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center;">(713) 807-9100</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <p style="text-align:center;">Kathy</p> <hr/> NICKNAME LAST SUFFIX <p style="text-align:center;">Hubbard</p>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="text-align:center;">2615 Montrose Blvd Houston, TX 77006</p>	Receipt # Amount Date Processed Date Imaged	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align:center;">(713) 522-9000</p>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="text-align:center;">10 / 26 / 03 11 / 25 / 03</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align:center;">11 / 04 / 03</p>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="text-align:center;">City Council at Large, Position 1</p>	OFFICE SOUGHT (if known) <p style="text-align:center;">City Controller</p>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. -- Name <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code <hr/> <input type="checkbox"/> additional pages		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME
Annise Parker

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures **

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

18 CONTRIBUTION TOTALS

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

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 208,778.85

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 196,640.15

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 20,687.40

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10,000.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said ANNISE D. PARKER, this the 23 day of November, 2003, to certify which, witness my hand and seal of office.

A.K. Hubbard
Signature of officer administering oath

A.K. HUBBARD

Printed name of officer administering oath

Notary Public

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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nene E. Foxhall	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/27/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Josephine Corning	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen Bywaters Patrinely	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Adrian Neil Havens	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James Stewart Walker II, AIA	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hollie M. Stanley Jr	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jo Nelson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeanette A. Rash	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel David Organ	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Parthie	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael V. Bodin	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Holden Shannon	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sylvia R. Garcia	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert A. Mosbacher Sr.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Preston Moore Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth W Meacham	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J David Ahola	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shirley Ann DeLibero	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Theresa Tollett Lamar	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Timothy Alan Surratt	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Annie's List PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kim Icenhower	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cassie Belle Stinson	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leslie A. Berardo CPA	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jo Ellen Snow	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/28/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hermes Architects PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carl A. Fillichio	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John L. Nau III	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael A. Dively	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Blake T. Franklin	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark M Epstein	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carmen E. Velez	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Candace M. Brooks	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David M. Mincberg	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/29/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alexander Lach	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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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: **104**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/2003

5 Full Name of Contributor: out of state PAC
Guy L. Hagstette

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/31/2003

5 Full Name of Contributor: out of state PAC
Helen I. Hodges

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/31/2003

5 Full Name of Contributor: out of state PAC
Phyllis M. Painter

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/31/2003

5 Full Name of Contributor: out of state PAC
Stephanie Lucas Harrison

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
10/31/2003

5 Full Name of Contributor: out of state PAC
Gwen E. Richard

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **104**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John L Truitt	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harrison Williams	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael John Gambello	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barry Scott Elliott	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Keith C Hall	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph Bradley Nagar	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph E McMahon Esq	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Bauer	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael X. Flynn	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Christopher Boyd Ray	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kerry F Inman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William O. Neuhaus III	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles W. Duncan Jr	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Troy A Vuillemot	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert D. Gilbert	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC AFSCME - National Office	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carlos L. Guerguin	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vince Willmore	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Raymond Eckel Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Stephen Branstetter	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 104
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward John Osowski	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George Stark	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephen D Elison	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Howard Charles Robinson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronnie Lee Self	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ruth M Nagar	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Victor Byers Flatt	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David B. Tarbet	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David S. Wolff	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 10/31/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kim Bowman	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jack Price Miller	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James W. Fonteno Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dwight A Foley	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeff Blevins	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. H. Jones II	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Yolanda Black Navarro	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jane Block	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy J Lerner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Erik Brett Walker	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard A. Lapin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS COH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/3/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tim Herron	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brooks T. Ballard	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael B. Good	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Police Patrolmen's Union - FOP Lodge 109	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank J. Hevrdejs	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jamie Drake	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Josephine Corning	7 Amount of contribution (\$): \$52.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/4/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Norman Blachford	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jenard M. Gross	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert P. King Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/6/20035 Full Name of Contributor:
Elizabeth Suzan Kaled out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/6/20035 Full Name of Contributor:
Harriet Calvin Latimer out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/6/20035 Full Name of Contributor:
Paul Dunbar Chapman out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/6/20035 Full Name of Contributor:
John Michael Gonzalez out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/6/20035 Full Name of Contributor:
Richard Lee Jennings out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS **SCHEDULE A1**
OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gay & Lesbian Victory Fund PAC - Federal	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bobbie E Miller	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bates & Coleman, PC, Attorney & Counselors At Law	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Airport Express Management, LTD	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel Calmes Arnold	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annisie Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary D. Caplan	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert S. Bridges	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jordan Guterman	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/6/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann J. Robison	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC EMILY's List Federal Fund	7 Amount of contribution (\$): \$6,657.00	8 In kind contribution (if applicable): Travel Expense & Salary for Interns
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Garnet F. Coleman Campaign	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrews & Kurth Texas PAC	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carroll Sidney Shaddock	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jonathan Day	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Police Officers Union PAC	7 Amount of contribution (\$): \$10,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leticia M. Turner	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bahman Kaboudvand PE	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/7/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David A White	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	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 [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC F. Allene King	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bert Melnick ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shellye Arnold ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Texas Coalition for Good Government ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis Feldman ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patsy Cravens ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A1 (FOR FORMS C/OH and SPAC)
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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/10/2003	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 \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alvin H Baum Jr	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jon Forde	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Parthie	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Casey W. Holtzman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lynda G. Daniel	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peggy Smith	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/10/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John K. Spear AIA	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Weinberger	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eleanor Tinsley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tim Herron	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael L. Catrett	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas E Schwartz	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Katherine V. Wilcox	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elmer David Engelhardt Jr.	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William Arnett Camfield	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura Ann Douglas	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul H. Asofsky	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James E. Bartley	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert E. Bliss	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ralph Coryell Frates Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steve J. Louis	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Thorne	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David A. Bebbington	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George Gee	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robin Carol Palmer	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jordan Gutterman	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claudia F. Williamson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard Gordon Stout	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rapheal Anthony Grau	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stuart Kane	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul J. Dixon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ivan George Smith Jr.	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William J. Smith Jr	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald E. Fishbeck	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gayle Gordon	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Martha Hall RN	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paula J Roushani	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Helen Merzbacher	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dennis Klappersack	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC LeClair Bissell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dottie Cummings	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brandt Corbitt Mannchen	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Beatrice Mladenka-Fowler	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jesse M. Judice	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bruce David Aleksander	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Suzan Kaled	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara Moore Swartz	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wilford A. Weber	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John A. Matlage Jr.	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annis Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sofia Adroque PC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kari M Herrera	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George M. Nevers	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel L. Yaklin	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Daryl Council	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maria Stuart Chamberlin	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jack G. Jackson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rudolf H. Dietter	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William K. Murphy MD	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/11/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul G. Killgore	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/12/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. H. Jones II	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Preston Moore Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis H. Skidmore Jr	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Madeleine G. Appel	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Artie Lee Hinds	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Unallocated Misc Cash	7 Amount of contribution (\$): \$45.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton Claude Dehart	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank E. Hood Jr.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cynthia D. Edmiston	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary L. Hollingsworth	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steven P. Catanich	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Larry T. Broughton	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC June K. Bourgeois	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Samuel D. Keeper	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC MaryLee P Burrus	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Imogen S Papadopoulos	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen N. Futch	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Kevin White	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Neal W. Massey	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alma Y. West	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Patrick McIlvain	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Blaine R. Davis	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Christopher Kennedy	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Peggy Ann O'Neill	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Isabelle Ganz Lipschutz	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Stone Interior Design	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert R. Onstead	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gretchen M. Umbeck	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Suzanne R. Null	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kay V. Van Cleave Ph.D.	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura F. Carroll	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donald L. Dahn	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carrin Foreman Patman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC O. Holcomb Crosswell	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Isabel Brown Wilson	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harris Rotman 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John E. Walsh Jr. 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Urvine E. Atkinson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sharon S. Peterson D.D.S. 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul E. Sirbaugh 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L. Kelley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John H. Crooker Jr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC April Lauper	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Myers Udden	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lisetta A. Lavy	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code ██			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Peeler	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jim Makshanoff	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Scott F. Basinger M.D.	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert F. Ernst	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC M. Sims McCutchan	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/13/2003

5 Full Name of Contributor:

 out of state PAC**Mary E. Whitworth**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/13/2003

5 Full Name of Contributor:

 out of state PAC**John T. Hannah**7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/13/2003

5 Full Name of Contributor:

 out of state PAC**Susan K. Russ**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/13/2003

5 Full Name of Contributor:

 out of state PAC**M. Sandra Scurria M.D.**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/13/2003

5 Full Name of Contributor:

 out of state PAC**Adrienne Toll Talani**7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1. Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roy Neal Tannahill	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dianne L. Reece	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Julie A. Young	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Katherine Lowery	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helene Harvey	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dan A. King	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donald W. Buchanan	7 Amount of contribution (\$): \$7.50	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shirley Ann DeLibero	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donald R. Poston Jr.	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brady F. Carruth	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeffrey C. Phillips	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Catherine J Leachman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sally S. Shipman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC L. Kelly Freis	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen i. Hodges	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia J. Lasher	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stephen J. Gross	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gail W. Forsythe	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles J. Robinson	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/13/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy O. Brame	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**

2 FILER NAME:

Annis Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/14/2003

5 Full Name of Contributor:

Ronald F. Bradshaw out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/14/2003

5 Full Name of Contributor:

John S.W. Kellett out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/14/2003

5 Full Name of Contributor:

Kirby C. Mears out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/14/2003

5 Full Name of Contributor:

Patrick S. Lyn out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/14/2003

5 Full Name of Contributor:

Edward John Osowski out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Amy Elizabeth Taylor	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dan M. Moody Jr.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles B. Krenzler	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joe R. Thornton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. Monty McDannald Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Toni Beauchamp	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Pauline A Schweppe	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Matilda B. Melnick	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George DeMontroind III	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Terry T. Hershey	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annis Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Josephine A. Marks	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/14/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Zilkha	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/15/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alison Cameron	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Guy L. Hagstette	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H. Kendall Hamilton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William B. Connolly ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bert H. Golding ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maribel S. Allport TTEE ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis S. Sklar ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy M. Willis M.D. ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A1 (FOR FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Karen C. Derr ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marion Kay Saunders ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hilary G. Smith ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Philip M Kanayan ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William E. Colburn ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC V. Reed Sutton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Morton L. Levy Jr, FAIA	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janet T. Wilbur	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan M. Tate	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary L. Holton	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harris County Women's Political Caucus (HCWPC)	7 Amount of contribution (\$): \$900.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara Ellis Stanley	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/17/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James A. Binkley	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/18/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Scott P. Howard	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/18/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Marsolais	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: **104**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/18/2003

5 Full Name of Contributor:

Sara Lou Brown out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/18/2003

5 Full Name of Contributor:

Ralph Alpert TTEE out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/18/2003

5 Full Name of Contributor:

Michael B. Bell out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/18/2003

5 Full Name of Contributor:

Fran Dubrow Berg out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/19/2003

5 Full Name of Contributor:

Ramona L. Medina out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gertrude L. Barnstone	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Beverly A. McPhail	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jackson Hicks	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward R. Allen III, Ph.D.	7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sabrina Hines	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary Teixeira	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David M Gooding	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eileen M. Welsh	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry N. Clark	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gail Eldridge	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annisie Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary D. Teeter	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen Ann Fisher	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George W. Strong	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James A Elkins Jr.	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lorraine Wulfe	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A1 (FOR FORMS C/OH and SPAC)
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The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frances Kittrell	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary W. Baker	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Howard W. Horne Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John T. Fenoglio	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sanford W. Criner Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ronald B. Dokell	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James N. Curry	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donald Glenn Upchurch	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph E. Chudzinski	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patsy Cravens	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Annie's List PAC	7 Amount of contribution (\$): \$10,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda Enders Honeycutt DC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul M. Frison	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brenda J. Peters	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cynthia A. Bruening	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nelda J. Shoup	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ann T. Robinson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Clyde D. Yandell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linebarger Goggan Blair Pena & Sampson, LLP	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Permits Plus	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carole Nadelman Marmell	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis A. Waters Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/19/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Locke Liddell & Sapp LLP	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Virginia L. Mithoff	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan A. Lieberman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annis Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerome M. Jeanmard	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claude Rennie Glover	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary Teixeira	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Planned Parenthood of Hous. & SE TX Action Fnd	7 Amount of contribution (\$): \$750.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC CDMPAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard D. Huff	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark Parthie	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Scott Atlas	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda K May	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Moore & Hunt	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS		SCHEDULE A1 (FOR FORMS C/OH and SPAC)	
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rodrick Barongi 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeffrey W. Pinkerton 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Larissa Ann Lindsay 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Melaney Amber Linton 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chaja Verveer 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mario Gallegos Campaign	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kay D. Parker	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Catherine Hevrdejs	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry Goree	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kyla Bynum	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith F. Olin	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Wayne Harvey	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda D. Lee	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Fund For The Future	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stuart West Stedman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Freda Wilkerson Bass	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Shirley Ann DeLiberio	7 Amount of contribution (\$): \$125.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Claire P. Caudill	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard J. Campo	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Herbert B. Rothschild Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jackie Donovan	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cecil C. Conner Jr.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cathryn Rodd Selman	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Deborah Kaye Holmes	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sarah Jane Lueth	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marc A. Campos	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary B. McIntire	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edmond D. Wulfe	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joy D Warren	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Patricia B. Winn	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis A Waters Sr	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William O. Neuhaus III	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis A. Waters Jr.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glenda L. Barrett	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dolores R. Goble	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elaine Aiton	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Erik Brett Walker	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roland Garcia Jr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joseph M. Chernow	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy J Berkman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John P. Peden	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sally R Hoglund	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jo Nelson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Poona	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas C Schumacher	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/20/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kandy "Kaye" Smith Horn	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara Segal Goldfield	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gail Gross	7 Amount of contribution (\$): \$3,471.58	8 In kind contribution (if applicable): Event expense
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Eric R. Liston	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Maryann S. Young	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert A. Mosbacher Sr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Planned Parenthood of Hous. & SE TX Action Fnd	7 Amount of contribution (\$): \$1,430.77	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra Danburg	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David B. Tarbet	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC L Stan White II	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ritchie & Glass	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrea Jill Gerber	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gainer, Donnelly & Desroches, LC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Harrison Williams	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chinavudh Wanissorn Ph.D.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry Alan Wood	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R Gary Montgomery PE	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert H. Graham	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Hudson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C. Mike Garver	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vergil R. Ratliff	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda J. Kane	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Margaret Hansen	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jay (Jerry) L. Moore Jr	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kim E. Whittington	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charcye L. Sells	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paula S. Arnold	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth W. Lester D.C.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W. Odam	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul Gomberg	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jeanette A. Rash	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy D McGregor	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janine M. Brunjes RN, MA	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James D. Seegers	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carol K. Brownstein	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Samuel S. Lusk	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Hightower Callaway	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nathan Sommers Jacobs + Gorman	7 Amount of contribution (\$): \$350.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Macey Reasoner	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/21/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sherry L. Applewhite	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **104**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/21/2003

5 Full Name of Contributor:

 out of state PAC**Hemachandra Prasad Kolluru PE**

7 Amount of contribution (\$):

\$250.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/21/2003

5 Full Name of Contributor:

 out of state PAC**Michael J. Collins**

7 Amount of contribution (\$):

\$500.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/21/2003

5 Full Name of Contributor:

 out of state PAC**Carolyn G. Truesdell**

7 Amount of contribution (\$):

\$250.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

 out of state PAC**Robert J Cortelyou**

7 Amount of contribution (\$):

\$1,000.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

 out of state PAC**J David Heaney**

7 Amount of contribution (\$):

\$1,000.00

8 In kind contribution

(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: **104**

2 FILER NAME:

Annise Parker

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/24/2003

5 Full Name of Contributor:

Glen A. Rosenbaum out of state PAC7 Amount of
contribution (\$):**\$1,000.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

George P. Mitchell out of state PAC7 Amount of
contribution (\$):**\$300.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

Gertrude L. Barnstone out of state PAC7 Amount of
contribution (\$):**\$10.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

Richard Leon Plumb PhD out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/24/2003

5 Full Name of Contributor:

Andrew English Anderson out of state PAC7 Amount of
contribution (\$):**\$500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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POLITICAL CONTRIBUTIONS **SCHEDULE A1**
OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Vicki Y Harvey	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janet P Newberger	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC SWBT Political Action Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ChaseCom Limited Partnership	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward William Barnett Sr	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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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: **104**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lilibeth Andre	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlotte L. Avery	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Walter N. Graham III	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David J Eckhart	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kerry F Inman	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John T. Greer ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles W. Duncan Jr ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry L Gray ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Zelda K. Rick ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John K. Spear AIA ----- 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jo Ellen Snow	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D. Ford Stuart	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 79			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Julia Wolf	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gary D. Caplan	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

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

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Geoffrey K. Walker	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wendy Watriss	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. Jack Linville Jr	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Muffie Moroney	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David R. Krentz	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/24/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Wendy Watriss	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/24/2003

5 Full Name of Contributor: out of state PAC
James Kenny Weatherly

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/24/2003

5 Full Name of Contributor: out of state PAC
James Forrest Thompson

7 Amount of contribution (\$):
\$2,500.00

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/25/2003

5 Full Name of Contributor: out of state PAC
Gary R. Bristow

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

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/25/2003

5 Full Name of Contributor: 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 \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date
11/25/2003

5 Full Name of Contributor: out of state PAC
Gordon Harry Weisser

7 Amount of contribution (\$):
\$200.00

8 In kind contribution (if applicable):

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

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
**SCHEDULE A1
(FOR FORMS C/OH and SPAC)**

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael B. McPhail	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC August Galiano	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael A. Andrews	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC TREPAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tim O. Mains	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**

2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25/2003	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 \ Job title (See Instructions)	10 Employer (See Instructions):
---	---------------------------------

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tammy Cheri Manning	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sol Lesh	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Landry's Restaurants PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dan Baker	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Leah Lax	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Daniel Pritchett	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Francis J Coleman Jr.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brian A. Johnson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank B. Campisi	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerry Milton Blum	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Max P. Watson	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Martha Max Cottingham	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen Belton Orman	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Glenn Puckett A.I.A.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert R. Randolph Esq.	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert M. Singleton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James O Stepp	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tonda F Rush	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark M Epstein	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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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: **104**2 FILER NAME: **Annise Parker**

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/25/2003

5 Full Name of Contributor:

 out of state PAC**Thomas L Seymour**

7 Amount of contribution (\$):

\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/25/2003

5 Full Name of Contributor:

 out of state PAC**Kirby J Frank**

7 Amount of contribution (\$):

\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/25/2003

5 Full Name of Contributor:

 out of state PAC**Susan Silverman Askanase**

7 Amount of contribution (\$):

\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/25/2003

5 Full Name of Contributor:

 out of state PAC**Howard N Menaker**

7 Amount of contribution (\$):

\$50.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

4 Date

11/25/2003

5 Full Name of Contributor:

 out of state PAC**Alan Brodie**

7 Amount of contribution (\$):

\$250.00

8 In kind contribution (if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

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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: 104	
2 FILER NAME: Annise Parker		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brian T. Stephens	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frances R Brotzen	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gloria Friedberger Tobor	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Serena Simmons Connelly	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	
4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC George O. Maida	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 104
2 FILER NAME: Annise Parker	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/25/2003	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jan M Gustin	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		

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

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

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

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

9 Principal occupation \ Job title (See Instructions)	10 Employer (See Instructions):
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Schedule A1 Report Total: \$208,778.85

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LOANS

SCHEDULE E

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 10/26/2003	Payee Name HGLPC PAC	Amount (\$) \$5,000.00
Payee address City; State; Zip Code P.O. Box 66664 Houston, TX Houston TX 77266		

Purpose of payment (See instructions regarding type of information required)
 Printing & Mailing

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,231.05
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$185.01
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 Auto & Rental Car Expenses

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$150.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 Sponsorship - Wheeler Avenue Baptist Church

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	\$200.00

Purpose of payment (See instructions regarding type of information required)
Sponsorship - SE Precinct Judges

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	\$8,041.19

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	\$1,000.00

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	\$6,000.00

Purpose of payment (See instructions regarding type of information required)
Absentee Ballot Program

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,500.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,000.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$300.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$6,215.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
Election Day Workers

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$568.56

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$65.28

Purpose of payment (See instructions regarding type of information required)
 Credit Card Processing Fee

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$327.94

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$14,992.19

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,138.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$7,604.90
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	

Purpose of payment (See instructions regarding type of information required)
Radio advertising & production

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$5,414.50
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,750.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,425.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,000.00
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$102.17
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$127.45
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307	

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

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

POLITICAL EXPENDITURES

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$1,250.00

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$283.92

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$3,157.26

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307 77266-7307	\$1,000.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		\$168.50

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		\$20.00

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		\$1,000.00

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$)
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		\$2,000.00

Purpose of payment (See instructions regarding type of information required)
GOTV Expense - Baptist Ministers of Houston & Vici

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$2,000.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) (\$1,000.00)
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,268.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 Mailhouse Expense & Postage

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$228.12
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$3,425.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,193.55
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$750.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 Reimbursement - Filing Fee

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$61.45
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$10.66
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

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

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$212.80
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 Credit Card Processing Fees

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

Date 11/3/2003	Payee Name Grant Martin Consulting	Amount (\$) \$1,500.00
Payee address City; State; Zip Code P.O. Box 667307 Houston, TX Houston TX 77266-7307		

Purpose of payment (See instructions regarding type of information required)
 GOTV Expense - Houston Black American Democrats

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

Date 11/7/2003	Payee Name Nextel	Amount (\$) \$50.43
Payee address City; State; Zip Code P.O. Box 54977 Los Angeles, Los Angeles CA 90054-0977		

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

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

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
 14

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

Date 11/7/2003	Payee Name LOGIX	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 3608 Houston, TX Houston TX 77253 77253	\$860.91

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

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

Date 11/10/2003	Payee Name Crime Stoppers of Houston, Inc.	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 541654 Houston, TX Houston TX 77254-1654 77254-1654	\$150.00

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

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

Date 11/20/2003	Payee Name Harris County Democratic Party	Amount (\$)
	Payee address City; State; Zip Code 1445 North Loop West, Ste. Houston TX 77008 110 Houston, TX 77008	\$120.00

Purpose of payment (See instructions regarding type of information required)
 Membership Dues - Harris County Democratic Party

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

Date 11/21/2003	Payee Name LOGIX	Amount (\$)
	Payee address City; State; Zip Code P.O. Box 3608 Houston, TX Houston TX 77253 77253	\$860.91

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F
14

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

Date 11/21/2003	Payee Name Rindy Miller Media	Amount (\$)
Payee address City; State; Zip Code 501 N IH 35, Studio 115 Austin, Austin TX 78702		\$70,000.00

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

Date 11/24/2003	Payee Name Rindy Miller Media	Amount (\$)
Payee address City; State; Zip Code 501 N IH 35, Studio 115 Austin, Austin TX 78702		\$30,000.00

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

Date 11/24/2003	Payee Name Sprint	Amount (\$)
Payee address City; State; Zip Code P.O. Box 650270 Dallas, TX Dallas TX 75265		\$27.61

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

Schedule F Report Total: \$196,640.15

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

FEC FORM 1

STATEMENT OF ORGANIZATION

See instructions

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

EMILY's List

ADDRESS (see instructions) 1120 Connecticut Avenue NW

X (Check if address is changed) Ste 1100 Washington DC 20036

COMMITTEE'S E-MAIL ADDRESS CITY STATE ZIP CODE

cfines@emilyslist.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.emilyslist.org

2. DATE 07 24 2003

3. FEC IDENTIFICATION NUMBER C00193433

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

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

Type or Print Name of Treasurer Joseph Solmonese

Signature of Treasurer Electronically filed by Joseph Solmonese Date 07 04 2003

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 4 columns and 1 row, likely for filing status or reporting period.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-684-1110

FEC FORM 1 (REVISED 1/2001)

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

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

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

EMILY's List

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

Full Name Amy Gilbert

Mailing Address Gilbert & Wolfand
2201 Wisconsin Avenue
Washington DC 20007

Title or Position CITY STATE ZIP CODE

Accountant Telephone number 202 342 6000

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

Full Name of Treasurer Joseph Solmonese

Mailing Address 1120 Connecticut Avenue NW
Ste 1100
Washington DC 20036

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 202 326 1400

Full Name of Designated Agent Caroline C. Fines

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

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 202 326 1400

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

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

STCZ 26 600

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4MB

GAY AND LESBIAN VICTORY FUND

ADDRESS (Street and apt.) 1705 DeSales Street, NW

(Check if address is changed)

5th Floor

WASHINGTON

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

victory@victoryfund.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.victoryfund.org

2. DATE 03 / 28 / 2003

3. FEC IDENTIFICATION NUMBER C00251835

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

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

Type or Print Name of Treasurer Charles A. Wolfe

Signature of Treasurer Electronically Filed by Charles A. Wolfe Date 03 / 28 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 4 columns and 3 rows: Office Use Only

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

FEC FORM 1 (Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

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

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

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Write or Type Committee Name

GAY AND LESBIAN VICTORY FUND

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

Full Name Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

Washington DC 20036
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number _____

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

Full Name of Treasurer Charles A. Wolfe

Mailing Address 1705 De Sales Street NW 5th Fl.

washington DC 20036
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Treasurer Telephone number _____

Full Name of Designated Agent Curt Finkelmeyer

Mailing Address 1705 DeSales Street, NW
5th Floor

washington DC 20036
 CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼ Assistant Treasurer Telephone number _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.

[ADDITIONAL]

Cmbank
 Mailing Address P.O. Box 15748
 Washington DC 20036
 CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address
 CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Sent By: Victory Fund;

202 289 3863;

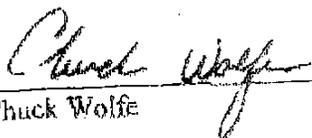
Oct-6-03 9:24 AM;



TO: Campaign
FROM: Chuck Wolfe, President/CEO
Gay & Lesbian Victory Fund
DATE: Oct. 2, 2003
RE: FEC Form

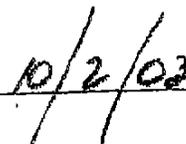
I hereby certify that this document is a complete and accurate copy of the original document on file with the Federal Election Commission.

Signed:



Chuck Wolfe

Dated:


10/2/03

1705 DeSales Street NW, Suite 500
Washington, DC 20036
Voice: 202.289.3863 Fax: 202.289.3863
victory@victoryfund.org www.victoryfund.org

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