

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) 1045130850 | 2 Total pages filed 13 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS (MR) <input checked="" type="checkbox"/> | FIRST CHARLES MI G. | RECEIVED - CSO 12 MAY - 4 PM 12:52 |
| | NICKNAME CHARLIE | LAST PARKER SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX 501 CROWN COLONY DR. | CITY ARLINGTON TX STATE TX ZIP CODE 76006 | |
| <input type="checkbox"/> change of address | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (817) | PHONE NUMBER 691-8582 | Date Received |
| 6 CAMPAIGN TREASURER NAME | MS / MRS (MR) <input checked="" type="checkbox"/> | FIRST MICHAEL MI | Date Hand-delivered or Postmarked |
| | NICKNAME MICK | LAST ZIEGLER SUFFIX | Receipt # |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE) 1611 MAXWELL CT. | | Date Processed |
| | APT / SUITE # | | Date Imaged |
| | CITY EVELESS TX STATE TX ZIP CODE 76039 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (817) | PHONE NUMBER 690-5768 | |
| 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 4 Day 12 Year 12 | THROUGH | Month 5 Day 4 Year 12 |
| 11 ELECTION | ELECTION DATE Month 5 Day 12 Year 12 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) N/A | 13 OFFICE SOUGHT (if known) CITY COUNCIL DISTRICT 1 | |

GOTO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **CHARLES PARKER** 15 ACCOUNT # (Ethics Commission Filers) **1045130850**

16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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 | N/A |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

| | | | |
|-------------------------|---|--|-------------|
| 17 CONTRIBUTION TOTALS | 1 | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
| | 2 | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1050 |
| EXPENDITURE TOTALS | 3 | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 0 |
| | 4 | TOTAL POLITICAL EXPENDITURES | \$ 8,828.53 |
| CONTRIBUTION BALANCE | 5 | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 607.32 |
| OUTSTANDING LOAN TOTALS | 6 | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 4,000 |

18 AFFIDAVIT



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

Charles Parker
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlie Parker this the 9th day of May, 20 12 to certify which, witness my hand and seal of office

Tina Stewart Tina Stewart notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

| | | | |
|---|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A 3 | |
| 2 FILER NAME CHARLES PARKER | | 3 ACCOUNT # (Ethics Commission Filer) 1045130850 | |
| 4 Date 4/17/12 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WM ADAMS | 7 Amount of contribution (\$) 250 | 8 In-kind contribution description (if applicable) |
| 6 Contributor address; City; State; Zip Code PO Box 202185 ARLINGTON TX 76006 | | (If travel outside of Texas, complete Schedule T) | |
| 9 Principal occupation / Job title (See Instructions) BUSINESS MAN | | 10 Employer (See Instructions) OWNER | |
| Date 4/17/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) THOMAS SEWELL | Amount of contribution (\$) 200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 604 CROWN COLONY ARLINGTON TX 76004 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) DOCTOR | | Employer (See Instructions) SELF | |
| Date 4/14/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DAVID SCHWARTE | Amount of contribution (\$) 200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 2700 LAUREL VALLEY LN ARLINGTON TX 76006 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) RETIRED LAWYER | | Employer (See Instructions) SELF | |
| Date 4/12/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CRAIG BARTON | Amount of contribution (\$) 200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 608 CROWN COLONY ARLINGTON TX 76004 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) BUSINESS MAN | | Employer (See Instructions) RETIRED SELF | |
| Date 4/26/12 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NICK KATSIKAS | Amount of contribution (\$) 200 | In-kind contribution description (if applicable) |
| Contributor address; City; State; Zip Code 517 BEADY RD. ARLINGTON TX 76004 | | (If travel outside of Texas, complete Schedule T) | |
| Principal occupation / Job title (See Instructions) RETIRED DENTIST | | Employer (See Instructions) SELF | |

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

PLEGGED CONTRIBUTIONS

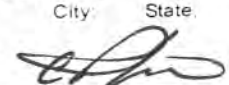
SCHEDULE B

| | | | |
|---|--|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule B | |
| 2 FILER NAME <i>N/A</i> | | 3 ACCOUNT # (Ethics Commission Filer) | |
| 4 TOTAL OF UNITEMIZED PLEDGES: ↕ ↕ ↕ ↕ ↕ ↕ | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | 8 Amount of pledge (\$) | 9 In-kind description (if applicable) |
| | 7 Pledgor address: City: State: Zip Code | | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address: City: State: Zip Code | | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address: City: State: Zip Code | | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address: City: State: Zip Code | | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address: City: State: Zip Code | | |
| | | <small>(If travel outside of Texas, complete Schedule T)</small> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

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

LOANS

SCHEDULE E

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E 1 |
| 2 FILER NAME CHARLES PARKER | | 3 ACCOUNT # (Ethics Commission Filers) 1045130850 |
| 4 TOTAL OF UNITEMIZED LOANS: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | \$ 6,000 |
| 5 Date of loan 3/1/12 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES PARKER | 9 Loan Amount (\$) 6,000 |
| 6 Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | 8 Lender address, City, State, Zip Code 501 CROWN COLONY ARLINGTON TX 76006 | 10 Interest rate N/A |
| | | 11 Maturity date N/A |
| 12 Principal occupation / Job title (See Instructions) RETIRED | | 13 Employer (See Instructions) N/A |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/> |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor PREVIOUSLY REPORTED 4/12/12 BUT NOT 18 Guarantor address, City, State, Zip Code ITEMIZED.  | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 4/25/12 | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES PARKER | Loan Amount (\$) 6,000 |
| Is lender a financial institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | Lender address, City, State, Zip Code 501 CROWN COLONY ARLINGTON TX 76006 | Interest rate N/A |
| | | Maturity date N/A |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) N/A |
| Description of Collateral <input checked="" type="checkbox"/> none | | Check if personal funds were deposited into political account <input checked="" type="checkbox"/> |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor Guarantor address, City, State, Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Event Expense
- Fees
- Gift/Awards/Memorials Expense
- Legal Services
- Food/Beverage Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Travel In District
- Travel Out. Of District
- Office Overhead/Rental Expense
- Loan Repayment/Reimbursement
- Transportation Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F 2 | 2 FILER NAME CHARLES PARKER | 3 ACCOUNT # (Ethics Commission Filers) 1045130850 |
| 4 Date 4/15/12 | 5 Payee name Bill ADAMS | |
| 6 Amount (\$) 50.00 | 7 Payee address, City, State, Zip Code CROWN COLONY DR. ARLINGTON TX 76006 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) RETURN OF FUNDS | (b) Description (If travel outside of Texas, complete Schedule T) N/A |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought: _____ Office held: _____ |
| Date 4 | Payee name CHARLES PARKER | |
| Amount (\$) 14.74 | Payee address, City, State, Zip Code OFFICE MAX | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) (OTHER) CAMPAIGN SUPPLIES | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought: _____ Office held: _____ |
| Date 4/22/12 | Payee name CHARLES PARKER | |
| Amount (\$) 200.00 | Payee address, City, State, Zip Code CASH (VARIOUS KIDS) 501 CROWN COLONY ARLINGTON TX 76006 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) SOLICITATION EXPENSE | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought: _____ Office held: _____ |
| Date 4/25/12 | Payee name CHARLES PARKER | |
| Amount (\$) 10.79 | Payee address, City, State, Zip Code HOME DEPOT 201 RD. TO SIX FLAGS ARLINGTON TX 76004 | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) N/A |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought: _____ Office held: _____ |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F: 2 | 2 FILER NAME CHARLES PARKER | 3 ACCOUNT # (Ethics Commission Filers) 1045130850 |
|--|--|--|

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|---------------------------------|--|
| 4 Date 4/30/12 | 5 Payee name MURPHY TURNER ASSOCIATES |
|---------------------------------|--|

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|---|---|
| 6 Amount (\$) 5,463.00 | 7 Payee address City, State Zip Code P.O. Box 296 AUSTIN TX 78767-0296 |
|---|---|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) N/A |
|---------------------------------|--|---|

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|---|---|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|---|---|---------------|-------------|

| | |
|-----------------------|-------------------------------------|
| Date 5/1/12 | Payee name CHARLES PARKER |
|-----------------------|-------------------------------------|

| | |
|--|---|
| Amount (\$) 3,000⁰⁰ | Payee address City, State Zip Code APA HALL 1801 W PARK ROW, ARLINGTON TX 76013 |
|--|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) DONATION MADE BY CANDIDATE | Description (If travel outside of Texas, complete Schedule T) N/A |
|------------------------|---|---|

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|--|---|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name N/A | Office sought | Office held |
|--|---|---------------|-------------|

| | |
|------------------------|-------------------------------------|
| Date 10/3/12 | Payee name CHARLES PARKER |
|------------------------|-------------------------------------|

| | |
|--------------------------|---|
| Amount (\$) 90 | Payee address City, State Zip Code JOE BRUNER 2311 AUTUM OAK TRAIL ARLINGTON TX 76006 |
|--------------------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

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|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|------------------------------------|
| Amount (\$) | Payee address City, State Zip Code |
|-------------|------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------|----------------------------|--|
| 1 Total pages Schedule G | 2 FILER NAME <i>N/A</i> | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------|----------------------------|--|

| | |
|--------|--------------|
| 4 Date | 5 Payee name |
|--------|--------------|

| | |
|---|--|
| 6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code |
|---|--|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
|--------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--------------------------|--------------|--|
| 1 Total pages Schedule H | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
|--------------------------|--------------|--|

| | |
|--------|-----------------|
| 4 Date | 5 Business name |
|--------|-----------------|

| | |
|---------------|---|
| 6 Amount (\$) | 7 Business address, City, State, Zip Code |
|---------------|---|

| | | |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |

9 Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address, City, State, Zip Code |
|-------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |

Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address, City, State, Zip Code |
|-------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |

Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|---------------|
| Date | Business name |
|------|---------------|

| | |
|-------------|---|
| Amount (\$) | Business address, City, State, Zip Code |
|-------------|---|

| | | |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | Candidate / Officeholder name | Office sought Office held |

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------|---|--|
| 1 Total pages Schedule I | 2 FILER NAME | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address, City, State, Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) | (b) Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |
| Date | Payee name | |
| Amount (\$) | Payee address, City, State, Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (See instructions regarding type of information required) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

| | |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule K: 1 |
|---|---------------------------------------|

| | |
|---------------------------------------|---|
| 2 FILER NAME CHARLES PARKER | 3 ACCOUNT # (Ethics Commission Filers) 1045130850 |
|---------------------------------------|---|

| | | |
|--------|---|---------------|
| 4 Date | 5 Name of person from whom amount is received N/A | 8 Amount (\$) |
| | 6 Address of person from whom amount is received, City, State, Zip Code N/A | 0 |
| | 7 Purpose for which amount is received | |

| | | |
|------|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received, City, State, Zip Code | |
| | Purpose for which amount is received | |

| | | |
|------|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received, City, State, Zip Code | |
| | Purpose for which amount is received | |

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|------|---|-------------|
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received, City, State, Zip Code | |
| | Purpose for which amount is received | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T |
| 2 FILER NAME CHARLES PARKOR | | 3 ACCOUNT # (Ethics Commission Filers) 1045130850 |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| 6 Dates of travel | 7 Name of person(s) traveling N/A | |
| 8 Departure city or name of departure location | | |
| 9 Destination city or name of destination location | | |
| 10 Means of transportation | 11 Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| Departure city or name of departure location | | |
| Destination city or name of destination location | | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E | | |
| Dates of travel | Name of person(s) traveling | |
| Departure city or name of departure location | | |
| Destination city or name of destination location | | |
| Means of transportation | Purpose of travel (including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME

CHARLES PARKER

2 ACCOUNT # (Ethics Commission Filers)

1045130850

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Charles Parker
 Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Charles Parker
 Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

 Signature of Officeholder