

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED - C/OH
COVER SHEET PG 1
12 JUN 13 AM 11:25

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
1045130850

2 Total pages filed:
9

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR
FIRST **CHARLES** MI **G.**
NICKNAME LAST SUFFIX
CHARLIE PARKER

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
501 CROWN COLONY
ARLINGTON TX 76006

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 691-8582

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR
FIRST **MICHAEL** MI
NICKNAME LAST SUFFIX
MICK ZIEGLER

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
1611 MAXWELL CT
EUELESS TX. 76039

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 690-5768

9 REPORT TYPE

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

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
5 / 5 / 12 **6 / 15 / 12**

11 ELECTION

ELECTION DATE Year
Month Day Year
6 / 23 / 12
ELECTION TYPE
 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)

City Council DISTRICT 1

GO TO 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.

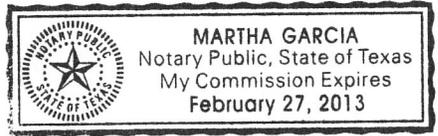
COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME
 COMMITTEE ADDRESS
 COMMITTEE CAMPAIGN TREASURER NAME
 COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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)	\$ 575
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,497
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,366
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,500

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 Charles Parker, this the 13th day of June, 20 12, to certify which, witness my hand and seal of office.

Martha Garcia
 Signature of officer administering oath

MARTHA GARCIA
 Printed name of officer administering oath

Notary Public
 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: 2	
2 FILER NAME CHARLES PARKER		3 ACCOUNT # (Ethics Commission Filers) 1045130850	
4 Date 6/9/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHELE LICATER	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2704 STEAMBOAT ARLINGTON TX 76006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) UNKNOWN		10 Employer (See Instructions) UNKNOWN	
Date 6/2/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY GOATES	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3602 MATLOCK ARLINGTON TX 76015		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DENTIST		Employer (See Instructions) SELF	
Date 5/11/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TODD STANDIFER	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2318 CROWN COLONY ARLINGTON TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MILITARY PILOT		Employer (See Instructions) U.S. AIR FORCE	
Date 5/18/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN MURPHY	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 217 KEARNY SAN FRANCISCO CA. 94048		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS MAN		Employer (See Instructions) SELF	
Date 5/19/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARA WANDEL	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2101 WILSON DR. ARLINGTON TX 76006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2

2 FILER NAME

CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers)

1045130850

4 Date

19 MAY
12

5 Full name of contributor out-of-state PAC (ID# _____)

JOHN WILLIAMS

6 Contributor address; City; State; Zip Code

**607 HINSDALE ARLINGTON TX
76004**

7 Amount of contribution (\$)

100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

UNKNOWN

10 Employer (See Instructions)

UNKNOWN

Date

5-7-12

Full name of contributor out-of-state PAC (ID# _____)

ARLINGTON POLICE ASSOCIATION PAC

Contributor address; City; State; Zip Code

P.O. BOX 856 ARLINGTON TX 76004

Amount of contribution (\$)

In-kind contribution description (if applicable)

**CAMPAIGN
SIGNS
LABOR**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-4-12

Full name of contributor out-of-state PAC (ID# _____)

ARLINGTON POLICE ASSOCIATION PAC

Contributor address; City; State; Zip Code

P.O. BOX 856 ARLINGTON TX 76004

Amount of contribution (\$)

In-kind contribution description (if applicable)

FUND RAISER

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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: 2
2 FILER NAME CHARLES PARKER		3 ACCOUNT # (Ethics Commission Filers) 1045130850
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 10,300
5 Date of loan 5-17-12	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES PARKER	9 Loan Amount (\$) \$5,300
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
12 Principal occupation / Job title (See Instructions) RETIRED		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		13 Employer (See Instructions) N/A
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City: State: Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 5/14/12	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES PARKER	Loan Amount (\$) \$1,000
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
Principal occupation / Job title (See Instructions) RETIRED		Maturity date N/A
Description of Collateral <input checked="" type="checkbox"/> none		Employer (See Instructions) N/A
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
17 Name of guarantor		Amount Guaranteed (\$)
18 Guarantor address; City: State: Zip Code		
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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 2
2 FILER NAME CHARLES PARKER		3 ACCOUNT # (Ethics Commission Filers) 1045130850
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$ 10,300
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) CHARLES PARKER	9 Loan Amount (\$) \$ 4,000
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	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 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input 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
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 F: 3	2 FILER NAME CHARLES PARLER	3 ACCOUNT # (Ethics Commission Filers) 1045130850
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4 Date 5-9-12	5 Payee name MURPHY TURNER ASSOCIATES
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6 Amount (\$) \$5,463	7 Payee address; City; State; Zip Code P.O. Box 296 AUSTIN TX 78767
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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) NIA
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NIA	Office sought	Office held
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Date 5-11-12	Payee name OFFICE MAX
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Amount (\$) \$ 77	Payee address; City; State; Zip Code 1303 NORTH COLLINS ARLINGTON TX 76004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) NIA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NIA	Office sought	Office held
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Date 5-11-12	Payee name TOM THUMB PAGE
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Amount (\$) \$ 190	Payee address; City; State; Zip Code 2555 N. COLLINS ARLINGTON TX 76004
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) NIA
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NIA	Office sought	Office held
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Date 5-21-12	Payee name AIIEGRA PRINTING
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Amount (\$) \$ 142	Payee address; City; State; Zip Code 1035 W. ABRAMS ARLINGTON TX 76013
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) NIA
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name NIA	Office sought	Office held
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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.

3 ACCOUNT # (Ethics Commission Filers)

1 Total pages Schedule F: **3** 2 FILER NAME: **CHARLES PARKER** 3 ACCOUNT #: **1045130850**

4 Date: **6/1/12** 5 Payee name: **OFFICE MAX**

6 Amount (\$): **\$120** 7 Payee address; City; State; Zip Code: **1303 NORTH COLLINS ARLINGTON TX 76004**

8 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (a) Category: **ADVERTISING EXPENSE** (b) Description: **NIA**

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

Date: **6/4/12** Payee name: **ALLEGRA PRINTING**

Amount (\$): **\$553** Payee address; City; State; Zip Code: **1035 W. ABRAMS ARLINGTON TX 76003**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category: **ADVERTISING EXPENSE** Description: **NIA**

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

Date: **6/7/12** Payee name: **HOME DEPOT**

Amount (\$): **\$22** Payee address; City; State; Zip Code: **201 RD. TO SIX FLAGS ARLINGTON TX 76006**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category: **ADVERTISING EXPENSE** Description: **NIA**

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

Date: **6/8/12** Payee name: **ALLEGRA PRINTING**

Amount (\$): **\$67** Payee address; City; State; Zip Code: **1035 W ABRAMS ARLINGTON TX 76013**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category: **ADVERTISING EXPENSE** Description: **NIA**

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 F: **3** 2 FILER NAME: **CHARLES PARKER** 3 ACCOUNT # (Ethics Commission Filers): **1045130850**

4 Date: **6/11/12** 5 Payee name: **ALLEGRA PRINTING**

6 Amount (\$): **\$574** 7 Payee address: **1035 W ABRAMS ARLINGTON TX 76013**

8 PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** (a) Category: **ADVERTISING EXPENSE** (b) Description: **NIA**

9 Complete ONLY if direct expenditure to benefit C/OH: **NIA**

Date: **6/11/12** Payee name: **SIGNS NOW**

Amount (\$): **\$748** Payee address: **900 E COPELAND ARLINGTON TX 76011**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category: **ADVERTISING EXPENSE** Description: **NIA**

Complete ONLY if direct expenditure to benefit C/OH: **NIA**

Date: **6/18/12** Payee name: **U.S. POSTAL SERVICE**

Amount (\$): **\$539** Payee address: **300 E SOUTH ST. ARLINGTON TX 76004**

PURPOSE OF EXPENDITURE: **ADVERTISING EXPENSE** Category: **ADVERTISING EXPENSE** Description: **NIA**

Complete ONLY if direct expenditure to benefit C/OH: **NIA**

Date: Payee name:

Amount (\$): Payee address: City: State: Zip Code:

PURPOSE OF EXPENDITURE: Category: Description:

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED