

**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.

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

17 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)	\$ 500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,132
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 734
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,500

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlie Parker, this the 16th day of July, 20 12, to certify which, witness my hand and seal of office

[Handwritten Signature]

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 1	
2 FILER NAME CHARLES PARKER		3 ACCOUNT # (Ethics Commission Filers) 104513 0850	
4 Date 6-15-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHERY DANIEL	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 504 CROWN COLONY ARLINGTON TX 76004		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) SELF	
Date 7-1-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN JOHNSON	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code PURPOSELY CROSSED OUT.		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) AMERICAN AIRLINES	
Date 6-14-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARLINGTON PROFESSIONAL FIRE FIGHTERS	Amount of contribution (\$)	In-kind contribution description (if applicable) LABOR SIGNS
Contributor address, City, State, Zip Code 208 SOUTH FIELDER ARLINGTON TX 76004		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PAC	
Date 5-31-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TRE PAC ARLINGTON BOARD OF REALTORS	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code PO BOX 2246 AUSTIN TEXAS 78768		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REALTORS		Employer (See Instructions) POLITICAL ACTION COMMITTEE	
Date 7-12-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: APA PAC ARLINGTON POLICE ASSOCIATION	Amount of contribution (\$)	In-kind contribution description (if applicable) SIGNS LABOR
Contributor address, City, State, Zip Code PO BOX 856 ARLINGTON TX 76004		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) PAC	

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: < < < < < < <		\$ 4,000
5 Date of loan 6-19-12	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 N	8 Lender address: City: State: Zip Code 501 CROWN COLONY ARLINGTON TX 76006	10 Interest rate
		11 Maturity date
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
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		Employer (See Instructions)
Check if personal funds were deposited into political account <input type="checkbox"/>		Amount Guaranteed (\$)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 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.

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.

1 Total pages Schedule F	2 FILER NAME <i>CHARLES PARKER</i>	3 ACCOUNT # (Ethics Commission Filers) <i>1045130850</i>
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4 Date <i>6-15-12</i>	5 Payee name <i>AIEGRA PRINTING</i>
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6 Amount (\$) <i>\$60</i>	7 Payee address, City, State, Zip Code <i>1035 ABRAMS ARLINGTON TX 76013</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date <i>6-18-12</i>	Payee name <i>ARLINGTON PROFESSIONAL FIREFIGHTERS PAC</i>
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Amount (\$) <i>\$2,250</i>	Payee address, City, State, Zip Code <i>208 S. FIELDER ARLINGTON TX 76006</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>ADVERTISING /LABOR</i>	Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date <i>6-21-12</i>	Payee name <i>EXCHANGE AFFES</i>
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Amount (\$) <i>\$152</i>	Payee address, City, State, Zip Code <i>NAS JRB FT. WORTH TX</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	Office sought	Office held
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Date <i>6-21-12</i>	Payee name <i>Commisary</i>
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Amount (\$) <i>\$15</i>	Payee address, City, State, Zip Code <i>NAS JRB FT. WORTH TX.</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description (If travel outside of Texas, complete Schedule T) <i>N/A</i>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>N/A</i>	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) |

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1 Total pages Schedule F	2 FILER NAME CHARLES PARLER	3 ACCOUNT # (Ethics Commission Filers) 1045130850
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4 Date 6-22-12	5 Payee name COSTCO
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6 Amount (\$) \$135	7 Payee address: City, State, Zip Code 600 W ARBROOK ARLINGTON TX 76014
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) N/A
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 6-26-12	Payee name MURPHY TURNER
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Amount (\$) \$4432	Payee address: City, State, Zip Code PO BOX 296 AUSTIN TX 78767
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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) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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Date 7-14-12	Payee name PAY PAL
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Amount (\$) \$32	Payee address: City, State, Zip Code WEB BASED ADDRESS WWW.PAYPAL.COM
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FEE	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A.	Office sought	Office held
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Date 6-13-12	Payee name OFFICE MAX
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Amount (\$) \$56	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) SUPPLIES (OTHER)	Description (If travel outside of Texas, complete Schedule T) N/A
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought	Office held
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