

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED  
FORM C/OH  
13 JAN 9 AM 2:11  
SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <b>1045130850</b>	2 Total pages filed <b>3</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>CHARLES</b>	MI <b>G.</b>
	NICKNAME <b>CHARLIE</b>	LAST <b>PARKER</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX <b>501 CROWN COLONY DR.</b>	APT / SUITE #	CITY STATE ZIP CODE <b>ARLINGTON TX. 76006</b>
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(817)</b>	PHONE NUMBER <b>691-8582</b>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME <b>NIA</b>	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <b>NIA</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER <b>NIA</b>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign (treasurer appointment (officeholder only)) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>07 / 16 / 12</b> <b>01 / 15 / 13</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>NIA</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>ARLINGTON CITY COUNCIL DISTRICT 1</b>	13 OFFICE SOUGHT (if known)	

OFFICE USE ONLY

Date Received  
**13 JAN -9 AM 2:53**

Date Hand-delivered or Postmarked

Receipt #

Date Processed

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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) **N/A**

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
		<b>N/A</b>
		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)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Parker, this the 9th day of January, 20 13, to certify which, witness my hand and seal of office.

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 <b>1</b>	
2 FILER NAME <b>CHARLES PARKER</b>		3 ACCOUNT # (Ethics Commission Filers) <b>N/A</b>	
4 Date <b>7/7/12</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ARLINGTON PROFESSIONAL FIRE FIGHTERS</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>LABOR SIGNS</b>
6 Contributor address; City; State; Zip Code <b>208 S FIELDER RD. ARLINGTON TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date <b>9/25/12</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ARLINGTON POLICE ASSOCIATION</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>SIGNS</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 856 ARLINGTON TX 76004</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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Contributor address; City; State; Zip Code		(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.