CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

	THAIL KEFORT		COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Annise	MI D :	OFFICE USE ONLY
	NICKNAME LAST Parker	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 66513 Houston, TX	TOTY: STATE; ZIP CODE 77266	JAN 16 2007 Date Handsdalks P. Alap Postmerked
5 CANDIDATE/ OFFICEHOLDER PHONE	(713) 522-9000	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Kathy NICKNAME LAST Hubbard	MI SUFFIX	Date Precessed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ite#; city; state; Houston, TX	zip code (77006
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713)522-9000	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	UGH 12 / 31 /	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary		General Special
12 OFFICE	OFFICE HELD (If any) City Controller	13 OFFICE SOUGHT (If known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign experience Candidates are required to disclose this information of the control of the cont	nditures made by others without the cand only if they receive notification of the direc	lidate's prior consent or approval. It campaign expenditure. ••
	Address / PO Box; Apt. / Suite #; City; State; 2	Zip Code	
additional pages			
	GO ТО I	PAGE 2	- -

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& IUIAL	.5	COVER SHEET PG 2
15 C/OH NAME Ann	ise Parker		16 ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	, may nave been made	tice of political expenditures by political committees to support the candida without the candidate's or officeholder's knowledge or consent. Candidate of they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME	
is .	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1 TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 13,938.43
CONTRIBUTION BALANCE	5. TOTAL P OF REPO	OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 174,506.39
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
No.	NDREA CAMPOS tary Public, State of Texas My Commission Expires JULY 15, 2010	me under Title 15, Election Code.	ormation required to be reported by
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candida	ite or Officeholder
_			this the 16+4 day
of January, 20	0 <u>0 7</u> , to certi	fy which, witness my hand and seal of office.	
Signature of officer adr	ninistering oath	Printed name of officer administering oath Title	of officer administering oath

THE INSTRUC	CTION GUIDE explains how to complete	e this form.		Total pages 5	
FILER NAME	A			ACCOUNT #	Page 1 (Ethics Commission filers)
	Annise Parker				
Date 7/5/2006	Payee Name Sprint				Amount (\$)
	Payee address	City;	State;	Zip Code	\$69.72
	P.O. Box 54977	Los Angeles	CA	90054	4002
Purpose of pay	ment (See instructions regarding type	of information			itures to benefit C/OH **
Telepho	ano.		Candidate / Office	eholder name	Office sought Office held
reiepric	ni e				
Date	Payee Name		<u> </u>		Amount
7/21/2006	Harris County Tejano Demo	crats			(\$)
	Payee address	City:	State;	Zip Code	\$125.00
	3715 North Main Street	Houston	TX	77009	
Purpose of pay (required)	ment (See instructions regarding type of	of information	** Comple Candidate / Office		itures to benefit C/OH **
Sponsoi	rshin		Candidate / Onic	entolder name	Office sought Office held
0,0011001	ionp				
Date	Payee Name		<u> </u>		Amount
8/2/2006	Sprint				(\$)
	Payee address	City;	State;	Zip Code	\$70,27
	P.O. Box 54977	Los Angeles	CA	90054	
Purpose of pays	 ment (See instructions regarding type o	f information			tures to benefit C/OH **
Telepho	ne		Candidate / Office	eholder name	Office sought Office held
Doto	Dura Nama		·		
Date 8/30/2006	Payee Name Sprint				Amount (\$)
	Payee address	City;	State;	Zip Code	\$68.24
	P.O. Box 54977	Los Angeles	CA	90054	
Purpose of payr (required)	ment (See instructions regarding type o	f information		•	ures to benefit C/OH **
			Candidate / Office	holder name	Office sought Office held
Telephor	ne				

nnise Parker Payee Name Sprint Payee address P.O. Box 54977				Page 3
Payee Name Sprint Payee address			ACCOUNT # (Et	nics Commission filers)
Sprint Payee address				•
Payee address				Amount
•			· • • • • • • • • • • • • • • • • • • •	(\$)
P O Roy 54977	City;	State;	Zip Code	\$69.66
O. DUA 043//	Los. Angeles	CA	90054	
nt (See instructions regarding t	/pe of information			ss to benefit C/OH **
		Candidate / Office	eholder name	Office sought Office he
Payee Name			<u>'</u>	Amount
Sprint				(\$)
Payes address	City;	State;	Zip Code	\$69.43
P.O. Box 54977	Los Angeles	CA	90054	
t (See instructions regarding ty	pe of information			os to benefit C/OH ** Office sought Office he
ayee Name		<u></u>		Amount
Kathryn McNiel				(\$)
Payee address	Çity;	State;	Zip Code	\$268.31
1657 West Main	Houston	TX	77006	
t (See instructions regarding ty	pe of information	** Complete	e if direct expenditure	s to benefit C/OH **
stituent Event Eve		Candidate / Office	holder name	Office sought Office held
Middle Droite Exp				
				Amount
Payee Name				(/6\
Payee Name Kelly's Country Kitchen				(\$)
	City;	State;	Zip Code	\$246.90
Kelly's Country Kitchen	City; Houston	State;	Zip Code 77087	-
Kelly's Country Kitchen	Houston	TX	77087	\$246.90
	Payee Name Sprint Payee address P.O. Box 54977 It (See instructions regarding by Payee Name Kathryn McNiel Payee address 1657 West Main	Sprint Payee address City; P.O. Box 54977 Los Angeles It (See instructions regarding type of information Payee Name Cathryn McNiel Payee address City; 1657 West Main Houston It (See instructions regarding type of information	Payee Name Sprint Payee address City; State; P.O. Box 54977 Los Angeles CA It (See instructions regarding type of information ** Complete Candidate / Office Candida	Payee Name Sprint Payee address City; State; Zip Code P.O. Box 54977 Los Angeles CA 90054 It (See instructions regarding type of information Payee Name Kathryn McNiel Payee address City; State; Zip Code Cathryn McNiel Payee address City; State; Zip Code Cathryn McNiel Cathry Mc

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

1-800-325-8506

POLITICAL EXPENDITURES

FILER NAME A Date		is form.		Total pages Scho	Page 4
	Annise Parker	·		ACCOUNT # (Et	hics Commission filers)
	Pavee Name				
11/15/2006	T'afia Restaurant				Amount (\$)
	Payee address	City;	State;	Zip Code	\$950.52
	3701 Travis	Houston	TX	77002	
Purpose of payme (required)	ent (See instructions regarding type of ir	nformation	** Complet Candidate / Office	e if direct expenditure	es to benefit C/OH ** Office sought Office he
Constituen	nt Event				
	Payee Name				Amount
11/21/2006	Human Rights Campaign				(\$)
	Payee address	City;	State;	Zip Code	\$600.00
	1640 Rhode Island Ave. NW	Washington	DC	20036	
44/20/2000	Payee Name		Candidate / Office	noider Harrie	Office sought Office hel
11/25/2000	Terry Huffington				
1	Payee address	City;	State;	Zip Code	\$1,000.00
	PO Box 4337	Houston	TX	77210	
Purpose of paymer (required)	nt (See instructions regarding type of in	formation	** Complete Candidate / Officel	if direct expenditure	s to benefit C/OH ** Office sought Office held
Return of c	contribution				·
Date	Payee Name				Amount
11/29/2006	Sprint				(\$)
	Payee address	City;	State;	Zip Code	\$68.57
	D.O. Barr 54077	Los Angeles	CÁ	90054	Vocation
	P.O. Box 54977	•			
	r.O. Box 54977		** Complete Candidate / Officel	if direct expenditure	s to benefit C/OH ** Office sought Office held

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POLITICAL EXPENDITURES

	TION GUIDE explains how to complete t	this form.		Total pages Sch	edule F Page 5
FILER NAME	Annise Parker			ACCOUNT # (Et	hics Commission filers)
Date	Payce Name				Amount
11/29/2006	Nicholas Aschliman				(\$)
	Payee address	City;	State;	Zip Code	\$50.00
	4129 University Blvd	Houston	TX	77005	
Purpose of payr (required)	nent (See instructions regarding type of	information	l l	ete if direct expenditur	es to benefit C/OH **
	f contribution		Candidate / Office	ceholder name	Office sought Office he
Date	Payee Name	· · · · · · · · · · · · · · · · · · ·			
11/29/2006	Richard Campo		•		Amount (\$)
	Payee address	City;	State;	Zip Code	\$5,000.00
	3123 Lafayette	Houston	TX	77005	77,773.30
Return of	f contribution				
	Payee Name Matthew Soileau	·			Amount (\$)
	Matthew Soileau	City	State	Tip Code	(\$)
		City; Houston	State; TX	Zip Code 77008	2 7 77
11/29/2006 Purpose of paymequired)	Matthew Soileau Payee address	Houston	TX	77008 te if direct expenditure	\$100.00 \$100.00 s to benefit C/OH **
11/29/2006 Purpose of paymequired) Return of	Matthew Soileau Payee address 1373 Arlington St nent (See Instructions regarding type of in	Houston	TX ** Comple	77008 te if direct expenditure	\$100.00 \$100.00 s to benefit C/OH ** Office sought Office held
1/29/2006 Purpose of paymequired) Return of	Matthew Soileau Payee address 1373 Anington St ent (See Instructions regarding type of incontribution	Houston	TX ** Comple	77008 te if direct expenditure	\$100.00 \$100.00 s to benefit C/OH **
1/29/2006 Purpose of paymequired) Return of	Matthew Soileau Payee address 1373 Arlington St nent (See Instructions regarding type of information) Payee Name	Houston	TX ** Comple	77008 te if direct expenditure	\$100.00 \$100.00 s to benefit C/OH ** Office sought Office held Amount (\$)
1/29/2006 Purpose of paymequired) Return of	Matthew Soileau Payee address 1373 Arlington St tent (See Instructions regarding type of it contribution Payee Name Ned S. Holmes	Houston	** Comple Candidate / Office	77008 te if direct expenditure sholder name	\$100.00 \$100.00 s to benefit C/OH ** Office sought Office held
Return of Pate 1/29/2006	Matthew Soileau Payee address 1373 Arlington St nent (See Instructions regarding type of incontribution Payee Name Ned S. Holmes Payee address	Houston mformation City; Houston	** Comple Candidate / Office State;	77008 te if direct expenditure eholder name Zip Code 77007 e if direct expenditure	s to benefit C/OH ** Office sought Office held Amount (\$) \$2,000.00

nnise Parker Payee Name Charles C. Foster			ACCOUNT # (Et	Page 6 hics Commission filers)
•				
Charles C. Foster				Amount
Charles C. Fusier				(\$)
Payee address	City;	State;	Zip Code	\$50.00
600 Travis St Ste 2800	Houston	TX	77002	
nt (See instructions regarding type of inf	formation	** Compl	lete if direct expenditure	es to benefit C/OH **
contribution		Candidate / Offi	ceholder name	Office sought Office held
Payee Name				Amount
James Elkins				(\$)
Payee address	City;	State;	Zip Code	\$1,000.00
1166 First City Tower, 1001 Fannin	Houston	TX	77002	
ontribution Payee Name		Candidate / Ont	cenoider name	Office sought Office hel
Janiece M. Longoria				(\$)
Payee address	City;	State;	Zip Code	\$500.00
711 Louisiana Street Ste 2100	Houston	TX	77002	
It (See instructions regarding type of info	ormation			s to benefit C/OH ** Office sought Office held
ontribution				
Payee Name				Amount
George Gee				(\$)
Payee address	City;	State;	Zip Code	\$100.00
1524 Michigan	Houston	TX	77006	
t (See instructions regarding type of info	ormation			
ontribution		Candidate / Offic	enolder name	Office sought Office held
	nt (See Instructions regarding type of information contribution Payee Name James Elkins Payee address 1166 First City Tower, 1001 Fannin Int (See instructions regarding type of information contribution Payee Name Janiece M. Longoria Payee address 711 Louisiana Street Ste 2100 Int (See instructions regarding type of information contribution Payee Name George Gee Payee address 1524 Michigan It (See Instructions regarding type of information contribution cont	nt (See Instructions regarding type of Information contribution Payee Name James Elkins Payee address City; 1166 First City Tower, 1001 Houston Fannin Int (See Instructions regarding type of Information contribution Payee Name Janiece M. Longoria Payee address City; 711 Louisiana Street Ste 2100 Houston Int (See Instructions regarding type of Information contribution Payee Name George Gee Payee address City; 1524 Michigan Houston It (See Instructions regarding type of Information City; City; City: City	recontribution Payee Name James Elkins Payee address City; State; 1166 First City Tower, 1001 Houston Fannin Int (See instructions regarding type of information Payee Name Janiece M. Longoria Payee address City; State; 711 Louisiana Street Ste 2100 Houston It (See instructions regarding type of information It (See instructions regarding type of information Payee Name Janiece M. Longoria Payee address City; State; 711 Louisiana Street Ste 2100 Houston TX It (See instructions regarding type of information Payee Name George Gee Payee address City; State; Tomple Candidate / Office Candidate / Of	The transfer of information in the contribution in the contributio

FILER NAME		plete this form.		Total pages So	Page 7
LITCH MAINE	· · · · · · · · · · · · · · · · · · ·			ACCOUNT # (I	Ethics Commission filers)
	Annise Parker			,	
Date 12/27/2006	Payee Name Sprint				Amount (\$)
	Payee address	City;	State;	Zip Code	\$67.37
	P.O. Box 54977	Los Angeles	CA	90054	ψον.σγ
Purpose of payr	ment (See instructions regarding t	ype of information			ures to benefit C/OH **
, . , ,			Candidate / Offic	eholder name	Office sought Office hel
Telepho	ne .				
Date	Payee Name				Amount
12/31/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$33.92
	P.O. Box 66513	Houston	TX	77266	
Purpose of payr required)	nent (See instructions regarding t	pe of information	** Comple Candidate / Office		rres to benefit C/OH ** Office sought Office held
Reimb pr	mt to Artista - Sched G				
•					
Date	Payee Name				Amount
Date	Payee Name Annise Parker				Amount (\$)
Date	1.	City;	State;	Zip Code	(\$)
Date	Annise Parker	City; Houston	State; TX	Zip Code 77266	
Date 12/31/2006	Annise Parker Payee address	Houston	TX *** Comple	77266 te if direct expenditu	(\$) \$82.64 res to benefit C/OH **
Date 12/31/2006 Purpose of paymequired)	Annise Parker Payee address P.O. Box 66513	Houston rpe of information	TX	77266 te if direct expenditu	(\$) \$82.64
Date 12/31/2006 Purpose of paymequired)	Annise Parker Payee address P.O. Box 66513 nent (See instructions regarding ty nt to Madeleine Appel - Sci	Houston rpe of information	TX *** Comple	77266 te if direct expenditu	(\$) \$82.64 res to benefit C/OH ** Office sought Office held
Purpose of paymequired)	Annise Parker Payee address P.O. Box 66513 nent (See instructions regarding ty mt to Madeleine Appel - Sci	Houston rpe of information	TX *** Comple	77266 te if direct expenditu	(\$) \$82.64 res to benefit C/OH **
Purpose of paymequired) Reimb protests	Annise Parker Payee address P.O. Box 66513 Tent (See instructions regarding by the second of the se	Houston Tipe of information hed G	** Comple Candidate / Office	77266 te if direct expenditu eholder name	(\$) \$82.64 res to benefit C/OH ** Office sought Office held Amount (\$)
2/31/2006 Purpose of paymequired) Reimb protested	Annise Parker Payee address P.O. Box 66513 nent (See instructions regarding ty mt to Madeleine Appel - Sci	Houston rpe of information	TX *** Comple	77266 te if direct expenditu	(\$) \$82.64 res to benefit C/OH ** Office sought Office held
Purpose of paymequired) Reimb protes	Annise Parker Payee address P.O. Box 66513 nent (See instructions regarding ty int to Madeleine Appel - Sci Payee Name Annise Parker Payee address	Houston Tipe of information hed G City; Houston	** Comple Candidate / Office State; TX	77266 te if direct expenditueholder name Zip Code 77266	(\$) \$82.64 res to benefit C/OH ** Office sought Office held Amount (\$)

Austin, Texas 78711-2070

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POLITICAL EXPENDITURES

THE INSTRUC	TION GUIDE explains how to com	plete this form.		Total pages Sch	edule F Page 8
FILER NAME	Annise Parker			ACCOUNT # (E	thics Commission filers)
Date	Payee Name				Amount
12/31/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$16.67
	P.O. Box 66513	Houston	TX	77266	
Purpose of payr (required)	ment (See instructions regarding t	ype of information	** Comple Candidate / Office	ete if direct expenditur	res to benefit C/OH ** Office sought Office he
Reimb p	mt to Walgreens - Sched G	•	Candidate, Cini	serioder ngme	Onice sought Onice ne
Date	Payee Name				Amount
12/31/2006	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$56.70
	P.O. Box 66513	Houston	TX	77266	
	nent (See instructions regarding t	ype of information	** Comple Candidate / Office	ete if direct expenditur ceholder name	
(required) Reimb pi	mt to Artista - Sched G Payee Name	ype of information			
(required) Reimb pi	mt to Artista - Sched G Payee Name Annise Parker		Candidate / Office	ceholder name	Office sought Office hel
(required) Reimb pi	mt to Artista - Sched G Payee Name	ype of information City; Houston			Office sought Office hel
Reimb properties of payre (required)	Payee Name Annise Parker Payee address	City; Houston /pe of information	Candidate / Office	zip Code 77266	Amount (\$)
(required) Reimb properties of paymer (required) Reimb properties of paymer (required)	Payee Name Annise Parker Payee address P.O. Box 66513	City; Houston /pe of information	State;	zip Code 77266	Amount (\$) \$37.00 es to benefit C/OH ** Office sought Office hel
Reimb properties of paymer paymer properties of paymer pay	Payee Name Annise Parker Payee address P.O. Box 66513 ment (See instructions regarding to	City; Houston /pe of information	State;	zip Code 77266	Amount (\$) \$37.00 es to benefit C/OH ** Office sought Office held
Reimb properties of paymer paymer properties of paymer pay	Payee Name Annise Parker Payee address P.O. Box 66513 ment (See instructions regarding to	City; Houston /pe of information	State;	zip Code 77266	Amount (\$) \$37.00 es to benefit C/OH ** Office sought Office hel
Reimb properties of paymer paymer properties of paymer pay	Payee Name Annise Parker Payee address P.O. Box 66513 ment (See instructions regarding to the French Gourmet Bake) Payee Name Annise Parker	City; Houston ype of information ery - Sched G	State; TX ** Comple Candidate / Office	zip Code 77266 ste if direct expenditure	Amount (\$) sto benefit C/OH ** Office sought Amount (\$)
Reimb properties of paymered parts of paymered parts of paymered p	Payee Name Annise Parker Payee address P.O. Box 66513 ment (See instructions regarding to the French Gourmet Bake) Payee Name Annise Parker Payee address	City; Houston pe of information ery - Sched G City; Houston	State; TX ** Comple Candidate / Office State; TX	Zip Code 77266 ste If direct expenditure eholder name Zip Code 77266	Amount (\$) sto benefit C/OH ** Office sought Amount (\$) Amount (\$) \$32.07

SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F Page 9 FILER NAME ACCOUNT # (Ethics Commission filers) Annise Parker Date Payee Name **Amount** 12/31/2006 (\$) Annise Parker Payee address City; State; Zip Code \$23.03 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office sought Office held Reimb pmt to The Brownstone - Sched G Date Payee Name Amount 12/31/2006 (\$) Annise Parker Payee address City; State; Zip Code \$21.89 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office sought Office held Reimb pmt to The Brownstone - Sched G Date Pavee Name Amount 12/31/2006 (\$) Annise Parker Payee address City: State: Zip Code \$36.39 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office sought Office held Reimb pmt to Artista - Sched G Date Payee Name Amount 12/31/2006 (\$) Annise Parker Payee address City; State; Zip Code \$36.39 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office sought Office held Reimb pmt to Artista - Sched G

P.O. Box 12070

Austin, Texas 78711-2070

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SCHEDULE F

THE INSTRUCTION GUIDE explains how to complete this form. Total pages Schedule F Page 10 FILER NAME ACCOUNT # (Ethics Commission filers) Annise Parker Date Payee Name Amount 12/31/2006 (\$) Annise Parker Payee address City; State; Zip Code \$35.31 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held Reimb pmt to Artista - Sched G Date Payee Name Amount 12/31/2006 (\$) Annise Parker Payee address City; State; Zip Code \$33.57 P.O. Box 66513 Houston TX 77266 Purpose of payment (See instructions regarding type of information ** Complete if direct expenditures to benefit C/OH ** (required) Candidate / Officeholder name Office sought Office held Reimb pmt to Ninfa's - Sched G

Schedule F Report Total:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUC	TION GUIDE explains how to compli	ete this form.			Total pages Schedule G: 4
FILER NAME	Annise Parker				ACCOUNT # (Ethics Commission filers)
Date	Payee Name				Amount
8/9/2006	Madeleine Appel				(\$)
	Payee address	City;	State;	Zip Coo	le \$82.64
		Houston	TX	7709	06
	Purpose of payment (See instruction information required) Reimb supplies exp	ctions regarding type of			Reimbursement from political contributions intended
Date	Payee Name				Amount
9/27/2006	Ninfa's				(\$)
	Payee address	City;	State;	Zip Cod	e \$33.57
		Houston	TX	7709	· · · · · · · · · · · · · · · · · · ·
	Purpose of payment (See instruction information required)	tions regarding type of	<u> </u>		Reimbursement from political contributions
	Lunch meeting				intended
Date	Payee Name			· · · · · · · · · · · · · · · · · · ·	Amount (\$)
10/4/2006	Beso Restaurant				
	Payee address	City;	State;	Zip Cod	\$37.29
		Houston	TX	7709	8
	Purpose of payment (See instruction information required)	tions regarding type of			X Reimbursement from political
	Black Dems meeting				contributions Intended
Date	Payee Name				Amount
10/4/2006	Artista Restaurant				(\$)
	Payee address	City;	State;	Zip Cod	\$33.92
		Houston	TX	7700	2
	Purpose of payment (See instruction information required)	tions regarding type of			X Reimbursement from political
	Planning meeting Elected	l Officials Reception			contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUC	TION GUIDE explains how to com	plete this form.			otal pages Schedule G: 4
FILER NAME	Annise Parker			,	ACCOUNT # (Ethics Commission filers)
Date 10/19/2006	Payee Name Walgreens				Amount (\$)
	Payee address	City; Hauston	State;	Zip Code 7700	410.01
	Purpose of payment (See instinformation required) Supplies for Leadershi	• • • • •			Reimbursement from political contributions intended
Date 10/25/2006	Payee Name Artista Restaurant				Amount (\$)
	Payee address	City; Houston	State; TX	Zip Code 7700:	455.75
	Purpose of payment (See instrinformation required) Meeting with office staf				Reimbursement from political contributions intended
Date 11/22/2006	Payee Name Artista Restaurant				Amount (\$)
	Payee address	City; Houston	State;	Zip Code 77002	*******
	Purpose of payment (See instr Information required) Constitutent lunch	uctions regarding type of			Reimbursement from political contributions intended
Date 11/27/2006	Payee Name French Gourmet Bakery			············	Amount (\$)
-	Payee address	City; Houston	State;	Zip Code 77098	\$37.00
	Purpose of payment (See instrint information required) Office reception refresh	, , , ,			Reimbursement from political contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

		plete this form.			Total pages Schedule G: 4
FILER NAME	Annise Parker				ACCOUNT # (Ethics Commission filers)
Date	Payee Name				Amount
11/29/2006	Artista Restaurant				(\$)
	Payee address	City;	State;	Zip Cod	s32.07
		Houston	TX	7700	‡
	Purpose of payment (See instr information required) Women Professionals				X Reimbursement from political contributions intended
Date	Payee Name				
12/9/2006	The Brownstone				Amount (\$)
	Payee address	City;	State;	Zip Cod	e \$23.03
		Houston	TX	7709	98
	Purpose of payment (See Instr	uctions regarding type of			X Relmbursement
	information required) GLBT Community Cent	ter Board meeting			from political contributions intended
		ter Board meeting			confibutions intended
	GLBT Community Cent	ter Board meeting			confibutions confibutions intended
	GLBT Community Cent	ter Board meeting City;	State;	Zip Cod	confibutions intended Amount (\$)
	GLBT Community Cent		State; TX	Zip Cod 7709	Amount (\$)
Date 12/11/2006	GLBT Community Cent	City; Houston	•	·	Amount (\$) e \$21.89
	Payee Name The Brownstone Payee address Purpose of payment (See instr	City; Houston uctions regarding type of	•	·	Amount (\$) e \$21.89
12/11/2006	Payee Name The Brownstone Payee address Purpose of payment (See instrinformation required)	City; Houston uctions regarding type of	•	·	Amount Reintbursement from political contributions intended Amount Amount Amount
12/11/2006	Payee Name The Brownstone Payee address Purpose of payment (See instrinformation required) GLBT Community Cent	City; Houston uctions regarding type of	•	·	Amount (\$) e \$21.89 X Reimbursement from political contributions intended
12/11/2006	Payee Name The Brownstone Payee address Purpose of payment (See instrinformation required) GLBT Community Cent	City; Houston uctions regarding type of	•	·	Amount (\$) Amount (\$) Amount (\$) Amount (\$)
2/11/2006	Payee Name The Brownstone Payee address Purpose of payment (See instrinformation required) GLBT Community Cent Payee Name Artista Restaurant	City; Houston uctions regarding type of ter Board meeting	TX	7709	Amount (\$) Reimbursement from political contributions intended X Reimbursement from political contributions intended Amount (\$)
	Payee Name The Brownstone Payee address Purpose of payment (See instrinformation required) GLBT Community Cent Payee Name Artista Restaurant	City; Houston uctions regarding type of ter Board meeting City; Houston	TX State;	7709	Amount (\$) Reintbursement from political contributions intended X Reintbursement from political contributions intended Amount (\$)

Texas Ethics Commission

P.O. Box 12070

Austin, Texas 78711-2070

(512) 463-5800

Schedule G Report Total:

1-800-325-8506

\$482.87

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

EN EO NAME				Tota	Total pages Schedule G: 4	
				OUNT # (Ethics Commission filers)		
Date 12/28/2006	Payee Name Artista Restaurant				Amount (\$)	
	Payee address	City;	State;	Zip Code	\$36.39	
		Houston	TX	77002		
	Purpose of payment (See instructions regarding type of information required)				X Reimbursement from political	
	Meeting with office staff				contributions intended	