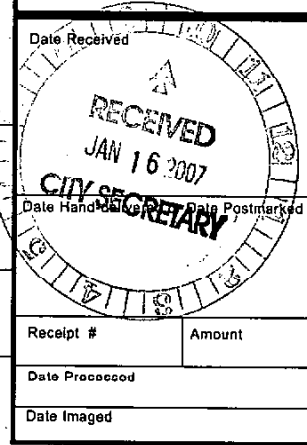


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| The C/OH INSTRUCTION GUIDE explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission filers) | 2 Total pages filed: 16 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | Annise | | D. |
| | NICKNAME | LAST | SUFFIX |
| | Parker | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | P.O. Box 66513 Houston, TX 77266 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 522-9000 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | Kathy | | |
| | NICKNAME | LAST | SUFFIX |
| | Hubbard | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; STATE; ZIP CODE |
| | 2615 Montrose Blvd | | Houston, TX 77006 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (713) | 522-9000 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit |
| | | | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |
| | | | <input type="checkbox"/> Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day | Year |
| | 7 | 1 | 06 |
| | THROUGH | | Month Day Year |
| | | | 12 31 06 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | / | / | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) |
| | City Controller | | |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | |
| | Name | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | |
| GO TO PAGE 2 | | | |



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

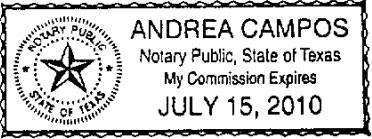
**FORM C/OH
COVER SHEET PG 2**

| | |
|--------------------------------------|------------------------------------------------|
| 15 C/OH NAME Annise Parker | 16 ACCOUNT # (Ethics Commission filers) |
|--------------------------------------|------------------------------------------------|

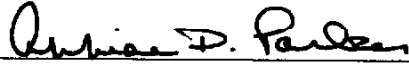
| | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages | -- This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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 | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------|
| 18 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 13,938.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 174,506.39 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

19 AFFIDAVIT



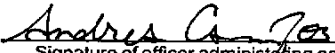
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Annise D. Parker, this the 16th day of January, 2007, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Andrea Campos
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 1

FILER NAME

Annisie Parker

ACCOUNT # (Ethics Commission filers)

| | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Date 7/5/2006 | Payee Name Sprint | Amount (\$) |
| Payee address P.O. Box 54977 | | City; State; Zip Code Los Angeles CA 90054 |
| Purpose of payment (See instructions regarding type of information required) Telephone | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 7/21/2006 | Payee Name Harris County Tejano Democrats | Amount (\$) |
| Payee address 3715 North Main Street | | City; State; Zip Code Houston TX 77009 |
| Purpose of payment (See instructions regarding type of information required) Sponsorship | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8/2/2006 | Payee Name Sprint | Amount (\$) |
| Payee address P.O. Box 54977 | | City; State; Zip Code Los Angeles CA 90054 |
| Purpose of payment (See instructions regarding type of information required) Telephone | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 8/30/2006 | Payee Name Sprint | Amount (\$) |
| Payee address P.O. Box 54977 | | City; State; Zip Code Los Angeles CA 90054 |
| Purpose of payment (See instructions regarding type of information required) Telephone | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 3

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | | | | | | | |
|--------------------|----------------------|---------------------------------|--|--|----------------------|--------------|-------------------|---------------------------|
| Date 10/25/2006 | Payee Name Sprint | Payee address P.O. Box 54977 | | | City; Los Angeles | State; CA | Zip Code 90054 | Amount (\$) \$69.66 |
|--------------------|----------------------|---------------------------------|--|--|----------------------|--------------|-------------------|---------------------------|

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | | | | |
|-------------------|----------------------|---------------------------------|--|--|----------------------|--------------|-------------------|---------------------------|
| Date 11/8/2006 | Payee Name Sprint | Payee address P.O. Box 54977 | | | City; Los Angeles | State; CA | Zip Code 90054 | Amount (\$) \$69.43 |
|-------------------|----------------------|---------------------------------|--|--|----------------------|--------------|-------------------|---------------------------|

Purpose of payment (See instructions regarding type of information required)

Telephone

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | | | | |
|--------------------|------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|----------------------------|
| Date 11/15/2006 | Payee Name Kathryn McNiel | Payee address 1657 West Main | | | City; Houston | State; TX | Zip Code 77006 | Amount (\$) \$268.31 |
|--------------------|------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|----------------------------|

Purpose of payment (See instructions regarding type of information required)

Reimb Constituent Event Exp

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | | | | |
|--------------------|---------------------------------------|----------------------------------|--|--|------------------|--------------|-------------------|----------------------------|
| Date 11/15/2006 | Payee Name Kelly's Country Kitchen | Payee address 8015 Park Place | | | City; Houston | State; TX | Zip Code 77087 | Amount (\$) \$246.90 |
|--------------------|---------------------------------------|----------------------------------|--|--|------------------|--------------|-------------------|----------------------------|

Purpose of payment (See instructions regarding type of information required)

Office staff event catering

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 4

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Date 11/15/2006 | Payee Name Tafia Restaurant | Amount (\$) \$950.52 |
| Payee address 3701 Travis City: Houston State: TX Zip Code: 77002 | | |
| Purpose of payment (See instructions regarding type of information required) Constituent Event | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/21/2006 | Payee Name Human Rights Campaign | Amount (\$) \$600.00 |
| Payee address 1640 Rhode Island Ave. NW City: Washington State: DC Zip Code: 20036 | | |
| Purpose of payment (See instructions regarding type of information required) Contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/29/2006 | Payee Name Terry Huffington | Amount (\$) \$1,000.00 |
| Payee address PO Box 4337 City: Houston State: TX Zip Code: 77210 | | |
| Purpose of payment (See instructions regarding type of information required) Return of contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/29/2006 | Payee Name Sprint | Amount (\$) \$68.57 |
| Payee address P.O. Box 54977 City: Los Angeles State: CA Zip Code: 90054 | | |
| Purpose of payment (See instructions regarding type of information required) Telephone | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 5

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Date 11/29/2006 | Payee Name Nicholas Aschliman | Amount (\$) \$50.00 |
| | Payee address 4129 University Blvd City: Houston State: TX Zip Code: 77005 | |
| Purpose of payment (See instructions regarding type of information required) Return of contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/29/2006 | Payee Name Richard Campo | Amount (\$) \$5,000.00 |
| | Payee address 3123 Lafayette City: Houston State: TX Zip Code: 77005 | |
| Purpose of payment (See instructions regarding type of information required) Return of contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/29/2006 | Payee Name Matthew Soileau | Amount (\$) \$100.00 |
| | Payee address 1373 Arlington St City: Houston State: TX Zip Code: 77008 | |
| Purpose of payment (See instructions regarding type of information required) Return of contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/29/2006 | Payee Name Ned S. Holmes | Amount (\$) \$2,000.00 |
| | Payee address 55 Waugh Drive, Suite 1111 City: Houston State: TX Zip Code: 77007 | |
| Purpose of payment (See instructions regarding type of information required) Return of contribution | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 6

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | | | | |
|--------------------|-----------------------------------------|------------------|--------------|-------------------|-------------------------------|
| Date 11/29/2006 | Payee Name Charles C. Foster | | | | Amount (\$) \$50.00 |
| | Payee address 600 Travis St Ste 2800 | City; Houston | State; TX | Zip Code 77002 | |

Purpose of payment (See instructions regarding type of information required)

Return of contribution

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | |
|--------------------|-----------------------------------------------------|------------------|--------------|-------------------|----------------------------------|
| Date 11/29/2006 | Payee Name James Elkins | | | | Amount (\$) \$1,000.00 |
| | Payee address 1166 First City Tower, 1001 Fannin | City; Houston | State; TX | Zip Code 77002 | |

Purpose of payment (See instructions regarding type of information required)

Return of contribution

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | |
|--------------------|------------------------------------------------|------------------|--------------|-------------------|--------------------------------|
| Date 11/29/2006 | Payee Name Janiece M. Longoria | | | | Amount (\$) \$500.00 |
| | Payee address 711 Louisiana Street Ste 2100 | City; Houston | State; TX | Zip Code 77002 | |

Purpose of payment (See instructions regarding type of information required)

Return of contribution

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | |
|--------------------|--------------------------------|------------------|--------------|-------------------|--------------------------------|
| Date 11/29/2006 | Payee Name George Gee | | | | Amount (\$) \$100.00 |
| | Payee address 1524 Michigan | City; Houston | State; TX | Zip Code 77006 | |

Purpose of payment (See instructions regarding type of information required)

Return of contribution

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 7

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------|
| Date 12/27/2006 | Payee Name Sprint | Amount (\$) \$67.37 |
| | Payee address P.O. Box 54977 | City; State; Zip Code Los Angeles CA 90054 |
| Purpose of payment (See instructions regarding type of information required) Telephone | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/31/2006 | Payee Name Annise Parker | Amount (\$) \$33.92 |
| | Payee address P.O. Box 66513 | City; State; Zip Code Houston TX 77266 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Artista - Sched G | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/31/2006 | Payee Name Annise Parker | Amount (\$) \$82.64 |
| | Payee address P.O. Box 66513 | City; State; Zip Code Houston TX 77266 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Madeleine Appel - Sched G | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 12/31/2006 | Payee Name Annise Parker | Amount (\$) \$37.29 |
| | Payee address P.O. Box 66513 | City; State; Zip Code Houston TX 77266 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Beso - Sched G | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 8

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|---------------------------|
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$16.67 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Walgreens - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$56.70 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Artista - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$37.00 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to French Gourmet Bakery - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$32.07 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Artista - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 9

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|----------------------------------|
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$23.03 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to The Brownstone - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$21.89 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to The Brownstone - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$36.39 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Artista - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$36.39 |
| Purpose of payment (See instructions regarding type of information required) Reimb pmt to Artista - Sched G | | | | | ** Complete if direct expenditures to benefit C/OH ** Candidate / Officeholder name Office sought Office held | | | |

POLITICAL EXPENDITURES**SCHEDULE F**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F

Page 10

FILER NAME

Annise Parker

ACCOUNT # (Ethics Commission filers)

| | | | | | | | | |
|--------------------|------------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|-------------------------------|
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$35.31 |
|--------------------|------------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|-------------------------------|

Purpose of payment (See instructions regarding type of information required)

Reimb pmt to Artista - Sched G

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

| | | | | | | | | |
|--------------------|------------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|-------------------------------|
| Date 12/31/2006 | Payee Name Annise Parker | Payee address P.O. Box 66513 | | | City; Houston | State; TX | Zip Code 77266 | Amount (\$) \$33.57 |
|--------------------|------------------------------------|---------------------------------|--|--|------------------|--------------|-------------------|-------------------------------|

Purpose of payment (See instructions regarding type of information required)

Reimb pmt to Ninfa's - Sched G

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Schedule F Report Total:

\$13,938.43

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Date 8/9/2006 | Payee Name Madeleine Appel ----- Payee address [REDACTED] City; State; Zip Code Houston TX 77096 | Amount (\$) \$82.64 |
| | Purpose of payment (See instructions regarding type of information required) Reimb supplies exp | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 9/27/2006 | Payee Name Ninfa's ----- Payee address [REDACTED] City; State; Zip Code Houston TX 77098 | Amount (\$) \$33.57 |
| | Purpose of payment (See instructions regarding type of information required) Lunch meeting | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/4/2006 | Payee Name Beso Restaurant ----- Payee address [REDACTED] City; State; Zip Code Houston TX 77098 | Amount (\$) \$37.29 |
| | Purpose of payment (See instructions regarding type of information required) Black Dems meeting | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date 10/4/2006 | Payee Name Artista Restaurant ----- Payee address [REDACTED] City; State; Zip Code Houston TX 77002 | Amount (\$) \$33.92 |
| | Purpose of payment (See instructions regarding type of information required) Planning meeting Elected Officials Reception | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annis Parker**

ACCOUNT # (Ethics Commission filers)

| Date | Payee Name | Amount (\$) |
|------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 10/19/2006 | Walgreens Payee address _____ City: _____ State: _____ Zip Code _____ _____ Houston TX 77006 | \$16.67 |
| | Purpose of payment (See instructions regarding type of information required) Supplies for Leadership Reception | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 10/25/2006 | Artista Restaurant Payee address _____ City: _____ State: _____ Zip Code _____ _____ Houston TX 77002 | \$56.70 |
| | Purpose of payment (See instructions regarding type of information required) Meeting with office staff | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/22/2006 | Artista Restaurant Payee address _____ City: _____ State: _____ Zip Code _____ _____ Houston TX 77002 | \$35.31 |
| | Purpose of payment (See instructions regarding type of information required) Constituent lunch | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| 11/27/2006 | French Gourmet Bakery Payee address _____ City: _____ State: _____ Zip Code _____ _____ Houston TX 77098 | \$37.00 |
| | Purpose of payment (See instructions regarding type of information required) Office reception refreshments | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**
SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

| | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Date 11/29/2006 | Payee Name Artista Restaurant | Amount (\$) \$32.07 |
| | Payee address [REDACTED] City: Houston State: TX Zip Code 77002 | |
| | Purpose of payment (See instructions regarding type of information required) Women Professionals in Govt lunch | |
| Date 12/9/2006 | Payee Name The Brownstone | Amount (\$) \$23.03 |
| | Payee address [REDACTED] City: Houston State: TX Zip Code 77098 | |
| | Purpose of payment (See instructions regarding type of information required) GLBT Community Center Board meeting | |
| Date 12/11/2006 | Payee Name The Brownstone | Amount (\$) \$21.89 |
| | Payee address [REDACTED] City: Houston State: TX Zip Code 77098 | |
| | Purpose of payment (See instructions regarding type of information required) GLBT Community Center Board meeting | |
| Date 12/20/2006 | Payee Name Artista Restaurant | Amount (\$) \$36.39 |
| | Payee address [REDACTED] City: Houston State: TX Zip Code 77002 | |
| | Purpose of payment (See instructions regarding type of information required) Meeting with office staff | |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Revised 09/01/2003

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**


SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule G: 4

FILER NAME **Annise Parker**

ACCOUNT # (Ethics Commission filers)

| Date | Payee Name | | | | Amount (\$) |
|------------|-----------------------------------------------------------------------------------|---------|--------|----------|-----------------------------------------------------------------------------------------|
| 12/28/2006 | Artista Restaurant | | | | |
| | Payee address | City: | State: | Zip Code | |
| |  | Houston | TX | 77002 | \$36.39 |
| | Purpose of payment (See instructions regarding type of information required) | | | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| | Meeting with office staff | | | | |

Schedule G Report Total: \$482.87