

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (if from Commission Filers)

2 Total pages filed **15**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	Date Received RECEIVED APR 03 2025 SUPERINTENDENT'S OFFICE HUMBLE ISD Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> Change of Address	4042 Buckeye Creek Kingwood, TX 77339						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	Date Imaged	
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE	
(Residence or Business)	3803 Forest Village Dr. Kingwood, TX 77339						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(281)	222-2639					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	14	2025		04	03	2025
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
	05	03	2025	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Humble ISD Trustee Position 3			Humble ISD Trustee Position 3			
14 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"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Chris Parker 16 Fair ID (Ethics Commission Edits)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 500
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4975
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1909.20
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4472.03
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE 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.

Chris Parker
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is Chris Parker and my date of birth is _____
My address is 4042 Buckeye Creek Kingwood TX 77339 USA

(street) (city) (state) (zip code) (country)
Executed in Kingwood County, State of Texas, on the 3rd day of April, 2025

Chris Parker
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Chris Parker		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4675
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 202.97
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1706.23
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1.
2 FILER NAME Chris Parker		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) G Derold Maney	7 Amount of contribution (\$) \$200
6 Contributor address: _____ City: _____ State: _____ Zip Code _____		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Isa Gould	Amount of contribution (\$) \$100
Contributor address, _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elizabeth Chapman	Amount of contribution (\$) \$100
Contributor address, _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phil Sawyer	Amount of contribution (\$) \$200
Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions) Retired		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Chris Parker

3 Filer ID (Ethics Commission Filers)

4 Date

03/30/2025

5 Full name of contributor

Twila Carter

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$250

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Councilmember

9 Employer (See Instructions)

COH

Date

04/01/2025

Full name of contributor

Rick Walker

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Lumicre

Employer (See Instructions)

Servant

Date

04/01/2025

Full name of contributor

Pat S Hopkins

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$125

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

2025

Full name of contributor

Kelly Earle

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Claims Adjuster Manager

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME Chris Parker		3 Filer ID (Ethics Commission Filers)		
4 Date 03/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eileen Booher	7 Amount of contribution (\$) \$500		
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]				
8 Principal occupation / Job title (See Instructions) Adminstrator		9 Employer (See Instructions) Lonestar College		
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Lervig	Amount of contribution (\$) \$500		
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]				
Principal occupation / Job title (See Instructions) Owner Insurance School		Employer (See Instructions) Self Employed		
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Prator	Amount of contribution (\$) \$150		
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rozalie Jerome	Amount of contribution (\$) \$500		
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]				
Principal occupation / Job title (See Instructions) Founder/CEO		Employer (See Instructions) Holocaust Remembrance Association		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Parker		3 Filer ID. (Ethics Commission Filers)
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crissy Daniele	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Secretary		9 Employer (See Instructions) KPHS
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin Corcoran	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self Employed
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Sladek	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Mutual of Omaha
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Audrey Young	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Education Consultant		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Chris Parker		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Otis	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Texas Shoreline Properties
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cornelia Cliburn	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alice Rekeweg	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julie Payne	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME Chris Parker		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Margaritis	7 Amount of contribution (\$) \$100
6 Contributor address: City, State, Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ruth Hanson	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) San Branham	Amount of contribution (\$) \$200
Contributor address, City, State, Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Diane Lee	Amount of contribution (\$) \$100
Contributor address, City, State, Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2. 1	
2 FILER NAME Chris Parker		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 500	
5 Date 03/30/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eileen Booher	8 Amount of Contribution \$ \$200	9 In-kind contribution description Food and Beverage
7 Contributor address, City, State, Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Administrator		11 Employer (FOR NON-JUDICIAL)(See Instructions) Lonestar College	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul Margaritis	Amount of Contribution \$ \$100	In-kind contribution description Food
Contributor address, City, State, Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Subcontracting/Outsourcing Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation/Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Postage Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Cash Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Chris Parker	3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Payee name K&S Sportswear	
6 Amount (\$) \$202.97	7 Payee address: City, State, Zip Code 8233 Will Clayton Pkwy, Humble, TX 77338	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX B(n)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officer/holder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memoranda Expense Legal Services	Loan Repayments/Financing Interest Office/Overhead/Rental Expense Printing Expense Publicity Expense Salaries/Wages/Contract Labor	Substantial Fundraising Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME Chris Parker	3 Filer ID (Ethics Commission Filers)
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4 Date 04/01/2025	5 Payee name Amazon
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6 Amount (\$) \$300.88 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expense	(b) Description Tent, Table Cloth, Decor
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/28/2025	Payee name Amazon
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Amount (\$) \$54.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 440 Terry Ave N Seattle, WA 98109
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Decor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/28/2025	Payee name Fast Balloon
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Amount (\$) 199.64 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1335 W 134th St Gardena, CA 90247
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Custom Balloons
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Copying Expense Credit Cards/Debit Cards Monthly Candidate's/Officer's/Staff's Committee Travel/Travel Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorabilia Expense Legal Services	Event Registration/Event Transportation Office Overhead/Travel Expense Printing Expense Postage Expense Salaries/Wages/Contract Labor	Subsidiary Underwriting Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
--	---	---	--

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME: Chris Parker	3 Filer ID (Ethics Commission Filers)
4 Date: 03/19/2025	5 Payee name: City of Humble	
6 Amount (\$): \$100 <input type="checkbox"/> Reimbursement from political contributions entered	7 Payee address, City, State, Zip Code: 8233 Will Clayton Pkwy, Humble, TX 77338	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Listed at the top of this schedule): Event Expense	(b) Description: Event Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:		
Date: 03/09/2025	Payee name: Joann	
Amount (\$): \$108.38 <input type="checkbox"/> Reimbursement from political contributions entered	Payee address, City, State, Zip Code: 20424 US-59 N Humble, TX 77338	
PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule): Other	Description: Ribbon for Campaign Buttons
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:		
Date: 02/24/2025	Payee name: Amazon	
Amount (\$): 55.24 <input type="checkbox"/> Reimbursement from political contributions entered	Payee address, City, State, Zip Code: 440 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Printing	Description: Business Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: Office sought: Office held:		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Following Expenses:
Accounting/Banking
Contributing Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office/Out-of-District Rental Expense
Printing Expense
Salaries/Wages/Contract Labor

Substantive Training Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G	2 FILER NAME Chris Parker	3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2025	5 Payee name Build a Sign	
6 Amount (\$) \$163.45 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: City, State, Zip Code 11525A Stonehollow Dr. Suite 100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Sign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/30/2025	Payee name FedEx	
Amount (\$) \$187.27 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 2855 W Lake Houston Pkwy Suite 105 Kingwood, TX 77339	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Color Copies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/12/2025	Payee name FedEx	
Amount (\$) 187.27 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: City, State, Zip Code 2855 W Lake Houston Pkwy Suite 105 Kingwood, TX 77339	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description Color Copies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	License/Registration/Retainer/Travel Office/Overhead/Hotel Expense Printing Expense Parking Expense Salaries/Wages/Contract Labor	Systematical Fundraising Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The instruction Guide explains how to complete this form.

1 Total pages, Schedule G	2 FILER NAME Chris Parker	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2025	5 Payee name Christina Collins	
6 Amount (\$) \$150 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address, City, State, Zip Code 2614 Winding Creek Way, Conroe, TX 77385	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Photographer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date 03/30/2025	Payee name Robert Mills	
Amount (\$) \$200 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code 12515 FM 1960, Huffman, TX 77336	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Sound
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED