

# 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 (Ethics Commission Filers)

2 Total pages filed: **25**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mrs Christine B  
NICKNAME LAST SUFFIX  
Chris Parker

OFFICE USE ONLY

Date Received

RECEIVED

APR 01 2021

SUPERINTENDENT'S OFFICE  
Date Hand-delivered or Date Postmarked

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
4042 Buckeye Creek  
Kingwood, Texas 77339

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(281 ) 352-5959

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Ms Bonnie  
NICKNAME LAST SUFFIX  
Longnion

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
331 Forest Center Drive, #12014  
Kingwood, Texas 77339

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713 ) 443-9931

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
1 / 14 / 21 THROUGH 3 / 22 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
5 / 1 / 21  General  Special \_\_\_\_\_

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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.

|                |                                      |
|----------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME                       |
| GENERAL        | COMMITTEE ADDRESS                    |
| SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

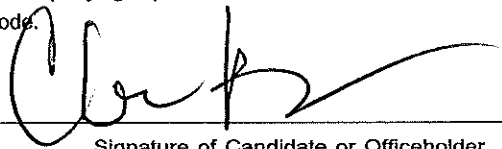
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                  |   |  |
|----------------------------------|---|--|
| 15 C/OH NAME<br>Christine Parker |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|                                  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 12,910.60                           |
| EXPENDITURE TOTALS               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                |
|                                  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6,722.50                            |
| CONTRIBUTION BALANCE             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 8,321.50                            |
| OUTSTANDING LOAN TOTALS          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                |

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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

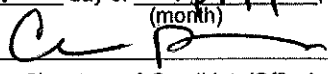
NOTARY STAMP/SEAL

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 Christine Parker, and my date of birth is 4-18-74  
 My address is 4042 Buckeye Creek, Kingwood, TX, 71339, Harris.  
(street) (city) (state) (zip code) (country)  
 Executed in Harris County, State of Texas, on the 1st day of April, 2021.  
(month) (year)  
  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

| 19 FILER NAME<br>Christine Parker  | 20 Filer ID (Ethics Commission Filers) |
|--|--|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 10,990.00                           |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$ 1,920.60                            |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$ 0.00                                |
| 4. SCHEDULE E: LOANS   | \$ 0.00                                |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,668.50                            |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                              | \$ 4,054.00                            |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    | \$ 0.00                                |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$ 0.00                                |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           | \$ 64.89                               |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                              | \$ 0.00                                |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                       | \$ 0.00                                |

# 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: <b>12</b>                              |
| 2 FILER NAME<br><b>Christine Parker</b>  |   | 3 Filer ID (Ethics Commission Filers)                             |
| 4 Date<br><b>01/21/2021</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Christine Parker</b><br>6 Contributor address; City; State; Zip Code<br><b>4042 Buckeye Creek Rd Kingwood TX 77339</b> | 7 Amount of contribution (\$)<br><b>1,500.00</b>                  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Insurance Instructor</b> |   | 9 Employer (See Instructions)<br><b>Insurance School of Texas</b> |
| Date<br><b>01/26/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>David Lervig</b><br>Contributor address; City; State; Zip Code<br><b>2 Columnberry Ct The Woodlands, TX 77384</b>        | Amount of contribution (\$)<br><b>500.00</b>                      |
| Principal occupation / Job title (See Instructions)<br><b>Owner</b>                  |   | Employer (See Instructions)<br><b>Insurance School of Texas</b>   |
| Date<br><b>02/01/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rick Walker</b><br>Contributor address; City; State; Zip Code<br><b>2211 Long Valley Drive Kingwood, TX 77345</b>        | Amount of contribution (\$)<br><b>2,500.00</b>                    |
| Principal occupation / Job title (See Instructions)<br><b>Manager</b>                |   | Employer (See Instructions)<br><b>CXRE</b>                        |
| Date<br><b>02/01/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Eileen Booher</b><br>Contributor address; City; State; Zip Code<br><b>4043 Buckeye Creek, Kingwood, TX 77339</b>         | Amount of contribution (\$)<br><b>500.00</b>                      |
| Principal occupation / Job title (See Instructions)<br><b>Grants Administrator</b>   |   | Employer (See Instructions)<br><b>Loan Star College</b>           |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

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|  |  |   |
|--|--|---|
| The Instruction Guide explains how to complete this form.                                |  | 1 Total pages Schedule A1: <b>12</b>                    |
| 2 FILER NAME<br><b>Christine Parker</b>  |  | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>02/01/2021</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Alice Rekeweg</b><br>6 Contributor address; City; State; Zip Code<br><b>4203 Broadleaf Kingwood, TX 77345</b> | 7 Amount of contribution (\$)<br><b>50.00</b>           |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                  |  | 9 Employer (See Instructions)                           |
| Date<br><b>02/22/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Eileen Booher</b><br>Contributor address; City; State; Zip Code<br><b>4043 Buckeye Creek Kingwood, TX 77339</b> | Amount of contribution (\$)<br><b>110.00</b>            |
| Principal occupation / Job title (See Instructions)<br><b>Grant Administrator</b>        |  | Employer (See Instructions)<br><b>Lone Star College</b> |
| Date<br><b>02/22/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kelly Paul</b><br>Contributor address; City; State; Zip Code<br><b>2611 Ridge Pine Kingwood, TX 77345</b>       | Amount of contribution (\$)<br><b>50.00</b>             |
| Principal occupation / Job title (See Instructions)<br><b>Member Relations Directors</b> |  | Employer (See Instructions)<br><b>ClubCorp</b>          |
| Date<br><b>02/22/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Gayla Keleman</b><br>Contributor address; City; State; Zip Code<br><b>21077 Kingstand Blvd. Katy, TX 77450</b>  | Amount of contribution (\$)<br><b>50.00</b>             |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                    |  | 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: <b>12</b>          |
| 2 FILER NAME<br><b>Christine Parker</b>  |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>02/22/2021</b>  | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Juanita Zavala</b> | 7 Amount of contribution (\$)<br><b>50.00</b> |
| 6 Contributor address; City; State; Zip Code<br><b>17014 Frio Ct Splendora, TX 77372</b>     |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>unemployed</b>                   |   | 9 Employer (See Instructions)                 |
| Date<br><b>02/21/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kathy Neal</b>       | Amount of contribution (\$)<br><b>50.00</b>   |
| Contributor address; City; State; Zip Code<br><b>4106 Oak Gardens Dr. Kingwood, TX 77339</b> |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Executive Assistant</b>            |   | Employer (See Instructions)<br><b>Shell</b>   |
| Date<br><b>02/21/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kathy Adkins</b>     | Amount of contribution (\$)<br><b>250.00</b>  |
| Contributor address; City; State; Zip Code<br><b>3702 Tangle River Kingwood, TX 77339</b>    |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                        |   | Employer (See Instructions)                   |
| Date<br><b>02/21/2021</b>  | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Sandy Lockett</b>    | Amount of contribution (\$)<br><b>50.00</b>   |
| Contributor address; City; State; Zip Code<br><b>1714 Bronze Sunset Kingwood, TX 77345</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                        |   | 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: <b>12</b>                 |
| 2 FILER NAME<br><b>Christine Parker</b>  |  | 3 Filer ID (Ethics Commission Filers)                |
| 4 Date<br><b>02/21/2021</b>  | 5 Full name of contributor<br><b>Devon Alexander</b><br>out-of-state PAC (ID#: _____)<br>6 Contributor address; City; State; Zip Code<br><b>2503 Strathford Kingwood, TX 77345</b>   | 7 Amount of contribution (\$)<br><b>100.00</b>       |
| 8 Principal occupation / Job title (See Instructions)<br><b>Community Outreach</b> |  | 9 Employer (See Instructions)<br><b>HCA</b>          |
| Date<br><b>02/21/2021</b>  | Full name of contributor<br><b>Steve Kusner</b><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br><b>4319 Terrace Pines Kingwood, TX 77345</b>       | Amount of contribution (\$)<br><b>75.00</b>          |
| Principal occupation / Job title (See Instructions)<br><b>Accountant</b>           |  | Employer (See Instructions)<br><b>Epic Midstream</b> |
| Date<br><b>02/21/2021</b>  | Full name of contributor<br><b>Jacqueline Widman</b><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br><b>5810 Woodland Creek Kingwood, TX 77345</b> | Amount of contribution (\$)<br><b>250.00</b>         |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>              |  | Employer (See Instructions)                          |
| Date<br><b>02/21/2021</b>  | Full name of contributor<br><b>Mardine Long</b><br>out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code<br><b>3102 Highland Laurels Kingwood, TX 77345</b>    | Amount of contribution (\$)<br><b>200.00</b>         |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>              |  | Employer (See Instructions)                          |

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| 2 FILER NAME<br><b>Christine Parker</b>   |   | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><b>02/21/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kathy Adkins</b>             | <b>30.00</b>   |
|   | 6 Contributor address; City; State; Zip Code<br><b>3702 Tangle River Kingwood, TX 77339</b> |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>                 |   | 9 Employer (See Instructions)                              |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Judy Cox</b>                   | <b>100.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>2219 Blossom Creek Kingwood, TX 77339</b>  |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                   |   | Employer (See Instructions)                                |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kendall Robnett</b>            | <b>250.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>2003 Forest Falls Kingwood, TX 77345</b>   |  |
| Principal occupation / Job title (See Instructions)<br><b>Claims Adjustment Manager</b> |   | Employer (See Instructions)<br><b>Alamo Claims Service</b> |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Regina Thompson</b>            | <b>100.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>2003 Riverlawn Kingwood, TX 77339</b>      |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                   |   | Employer (See Instructions)                                |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| 2 FILER NAME<br><b>Christine Parker</b>                                     |   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br><b>02/21/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kathy Smith</b><br>6 Contributor address; City; State; Zip Code<br><b>2003 Seven Maples Kingwood, TX 77345</b> | 7 Amount of contribution (\$)<br><b>50.00</b>   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Homemaker</b>   |   | 9 Employer (See Instructions)                   |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Lauren Boyd</b><br>Contributor address; City; State; Zip Code<br><b>2311 Chasebrook Trl Kingwood, TX 77345</b>   | Amount of contribution (\$)<br><b>50.00</b>     |
| Principal occupation / Job title (See Instructions)<br><b>Sales Manager</b> |   | Employer (See Instructions)<br><b>P &amp; G</b> |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Terri Tipton</b><br>Contributor address; City; State; Zip Code<br><b>3211 Lake Oak Kingwood, TX 77345</b>        | Amount of contribution (\$)<br><b>50.00</b>     |
| Principal occupation / Job title (See Instructions)<br><b>Sales Manager</b> |   | Employer (See Instructions)<br><b>Mattco</b>    |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Barbara Pope</b><br>Contributor address; City; State; Zip Code<br><b>11 Greenway View Kingwood, TX 77345</b>     | Amount of contribution (\$)<br><b>50.00</b>     |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>       |   | 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: <span style="font-size: 1.2em; color: blue;">12</span> |
| 2 FILER NAME<br><b>Christine Parker</b>                                 |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>02/21/2021</b>   | 5 Full name of contributor<br><b>Anne Vialt</b><br><small>out-of-state PAC (ID#: _____)</small>     | <b>250.00</b>   |
|   | 6 Contributor address; City; State; Zip Code<br><b>2419 Pine Bend Kingwood, TX 77339</b>            |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b> |   | 9 Employer (See Instructions)   |
| Date<br><b>02/21/2021</b>   | Full name of contributor<br><b>Gail Ireland</b><br><small>out-of-state PAC (ID#: _____)</small>     | <b>50.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>2711 Penmere Ct Kingwood, TX 77345</b>             |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>   |   | Employer (See Instructions)   |
| Date<br><b>02/21/2021</b>   | Full name of contributor<br><b>Sybil Margaritis</b><br><small>out-of-state PAC (ID#: _____)</small> | <b>200.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>2903 Rocky Woods Kingwood, TX 77339</b>            |   |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>   |   | Employer (See Instructions)   |
| Date<br><b>02/21/2021</b>   | Full name of contributor<br><b>Tom Edwards</b><br><small>out-of-state PAC (ID#: _____)</small>      | <b>100.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>5806 Autumn Dogwood Way Kingwood, TX 77345</b>     |   |
| Principal occupation / Job title (See Instructions)<br><b>Pastor</b>    |   | 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: <b>12</b>                     |
| 2 FILER NAME<br><b>Christine Parker</b>   |  | 3 Filer ID (Ethics Commission Filers)                    |
| 4 Date<br><b>02/21/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Cheryl Austin</b>               | 7 Amount of contribution (\$)<br><br><b>100.00</b>       |
|   | 6 Contributor address; City; State; Zip Code<br><b>2718 N Strathford Kingwood, TX 77345</b>    |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Retired</b>             |  | 9 Employer (See Instructions)                            |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Kelley Earle</b>                  | Amount of contribution (\$)<br><br><b>250.00</b>         |
|   | Contributor address; City; State; Zip Code<br><b>1939 Windy Green Kingwood, TX 77345</b>       |  |
| Principal occupation / Job title (See Instructions)<br><b>Catastrophic Adjuster</b> |  | Employer (See Instructions)<br><b>First Claims Group</b> |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Millie Garrison</b>               | Amount of contribution (\$)<br><br><b>100.00</b>         |
|   | Contributor address; City; State; Zip Code<br><b>4007 Evergreen Village Kingwood, TX 77345</b> |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>               |  | Employer (See Instructions)                              |
| Date<br><b>03/05/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Priscilla Goodwin</b>             | Amount of contribution (\$)<br><br><b>500.00</b>         |
|   | Contributor address; City; State; Zip Code<br><b>Spring, TX 77379</b>                          |  |
| Principal occupation / Job title (See Instructions)<br><b>Homemaker</b>             |  | Employer (See Instructions)                              |

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# 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:

12

2 FILER NAME

Christine Parker

3 Filer ID (Ethics Commission Filers)

4 Date

02/21/2021

5 Full name of contributor

Halene Crossman

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

4526 Elmstone Ct

City;

Kingwood, TX 77345

State; Zip Code

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

03/19/2021

Full name of contributor

Diane Lee

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

PO Box 6558

City;

Corpus Christi, TX 78466

State; Zip Code

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

03/19/2021

Full name of contributor

Theo Christman

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1414 Baron Grove

City;

Kingwood, TX 77345

State; Zip Code

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

03/18/2021

Full name of contributor

Timothy Rose

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

1046 Aspen Falls Lane

City;

Humble, TX 77346

State; Zip Code

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Architect

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

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|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form.                                     |  | 1 Total pages Schedule A1: <b>12</b>                                 |
| 2 FILER NAME<br><b>Christine Parker</b>   |  | 3 Filer ID (Ethics Commission Filers)                                |
| 4 Date<br><b>03/10/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Angie Chestnut</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>2318 Pleasant Creek Kingwood, TX 77345</b>    | 7 Amount of contribution (\$)<br><br><b>100.00</b>                   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Homemaker</b>                     |  | 9 Employer (See Instructions)  |
| Date<br><b>03/13/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Deborah Rose Miller</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>12111 Pinelands Park Ln Humble, TX 77346</b> | Amount of contribution (\$)<br><br><b>200.00</b>                     |
| Principal occupation / Job title (See Instructions)<br><b>Realtor</b>                         |  | Employer (See Instructions)<br><b>Self-Employed</b>                  |
| Date<br><b>03/30/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Cheri Huber</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2114 MISTY RIVER TR Kingwood, TX 77345</b>           | Amount of contribution (\$)<br><br><b>50.00</b>                      |
| Principal occupation / Job title (See Instructions)<br><b>Associate</b>                       |  | Employer (See Instructions)<br><b>East Montgomery County Chamber</b> |
| Date<br><b>03/01/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Geralyn Sullivan</b><br>.....<br>Contributor address; City; State; Zip Code<br><b>2010 Woodland Valley Kingwood, TX 77339</b>     | Amount of contribution (\$)<br><br><b>150.00</b>                     |
| Principal occupation / Job title (See Instructions)<br><b>District Transition Coordinator</b> |  | Employer (See Instructions)<br><b>Humble ISD</b>                     |

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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: <b>12</b>                      |
| 2 FILER NAME<br><b>Christine Parker</b>   |  | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br><b>02/22/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jason Lisovicz</b><br>6 Contributor address; City; State; Zip Code<br><b>5727 Garden Point Kingwood, TX 77345</b> | 7 Amount of contribution (\$)<br><b>500.00</b>            |
| 8 Principal occupation / Job title (See Instructions)<br><b>Senior Vice President</b> |  | 9 Employer (See Instructions)<br><b>Emerus Holdings</b>   |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Robin Mowchan</b><br>Contributor address; City; State; Zip Code<br><b>2819 Evergreen Cliff Kingwood, TX 77345</b>   | Amount of contribution (\$)<br><b>250.00</b>              |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                 |  | Employer (See Instructions)                               |
| Date<br><b>02/21/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Linda Prator</b><br>Contributor address; City; State; Zip Code<br><b>2514 Pleasant Creek Kingwood, TX 77345</b>     | Amount of contribution (\$)<br><b>250.00</b>              |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                 |  | Employer (See Instructions)                               |
| Date<br><b>02/20/2021</b>   | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jacob Way</b><br>Contributor address; City; State; Zip Code<br><b>2303 Mid Lane #303 Houston, TX 77027</b>          | Amount of contribution (\$)<br><b>50.00</b>               |
| Principal occupation / Job title (See Instructions)<br><b>President</b>               |  | Employer (See Instructions)<br><b>Red State Solutions</b> |

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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: <b>12</b>                        |
| 2 FILER NAME<br><b>Christine Parker</b>                                   |  | 3 Filer ID (Ethics Commission Filers)                       |
| 4 Date<br><b>03/08/2021</b>   | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jacob Way</b><br>.....<br>6 Contributor address; City; State; Zip Code<br><b>2303 Mid Lane #303 Houston, TX 77027</b> | 7 Amount of contribution (\$)<br><br><b>75.00</b>           |
| 8 Principal occupation / Job title (See Instructions)<br><b>President</b> |  | 9 Employer (See Instructions)<br><b>Red State Solutions</b> |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                                 |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                                 |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                                 |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                                 |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                                 |
| Principal occupation / Job title (See Instructions)                       |  | Employer (See Instructions)                                 |

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# 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: <b>1</b>  |  |
| 2 FILER NAME<br><b>Christine Parker</b>  |   | 3 Filer ID (Ethics Commission Filers)                                      |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |   | \$ <b>1,920.60</b>   |  |
| 5 Date<br><b>02/03/2021</b>  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Connie Chandler</b> | 8 Amount of Contribution \$<br><b>1,420.60</b>                             | 9 In-kind contribution description<br><b>Campaign Signs and Printing</b> |
| 7 Contributor address; City; State; Zip Code<br><b>3602 Cape Forest Drive Kingwood, TX 77345</b> |   | Check if travel outside of Texas. Complete Schedule T.                     |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Owner</b>         |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>MinuteMan Press</b> |  |
| 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<br><b>02/21/2021</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Leigh Marcus</b>      | Amount of Contribution \$<br><b>500.00</b>                                 | In-kind contribution description<br><b>Event food</b>                    |
| Contributor address; City; State; Zip Code<br><b>2202 Long Valley Drive Kingwood, TX 77345</b>   |   | Check if travel outside of Texas. Complete Schedule T.                     |  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>Realtor</b>          |   | Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>RE/Max</b>             |  |
| 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)                         |   |  |  |

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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   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>35                             | <b>2</b> FILER NAME<br>Christine Parker   | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>01/21/2021   | <b>5</b> Payee name<br>Jessica Beemer   |   |
| <b>6</b> Amount (\$)<br>787.50                                      | <b>7</b> Payee address; City; State; Zip Code<br>2311 Meandering Trl<br>Kingwood, Texas 77339   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description<br>Logo Design           |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Constable Mark Herman  | Office sought<br>Office held<br>Pct 4 Constable |
| Date<br>02/10/2021  | Payee name<br>Constable Mark Herman Campaign  |   |
| Amount (\$)<br>200.00   | Payee address; City; State; Zip Code<br>18482 Kuykendahl Rd<br>Spring, Texas 77379  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Contribution/Donations Made By<br>Candidate/Officeholder/Political Committee        | Description<br>Golf Hole Sponsorship            |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name<br>Constable Mark Herman  | Office sought<br>Office held<br>Pct 4 Constable |
| Date<br>02/12/2021  | Payee name<br>Lake Houston Partnership  |   |
| Amount (\$)<br>500.00   | Payee address; City; State; Zip Code<br>110 W Main Street<br>Humble, Texas 77338  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Chamber Membership               |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought<br>Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>35</b>                      | <b>2</b> FILER NAME<br><b>Christine Parker</b>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><b>03/09/2021</b>                                  | <b>5</b> Payee name<br><b>K &amp; S</b>  |  |
| <b>6</b> Amount (\$)<br><b>322.59</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>5736 FM 1960<br/>Humble, Texas 77346</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | <b>(b)</b> Description<br><b>Shirts</b>      |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br><b>03/09/2021</b>   | Payee name<br><b>Logo Stuff</b>  |  |
| Amount (\$)<br><b>398.30</b>  | Payee address; City; State; Zip Code<br><b>20011 Cherry Oaks<br/>Humble, Texas 77346</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>   | Description<br><b>Glasses</b>                |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br><b>03/12/2021</b>   | Payee name<br><b>City of Humble</b>  |  |
| Amount (\$)<br><b>100.00</b>  | Payee address; City; State; Zip Code<br><b>8233 Will Clayton Pkwy<br/>Humble, Texas 77338</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Event Expense</b>   | Description<br><b>Good Oil Days Booth</b>    |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |
| Credit Card Payment                        |                               |                                |  |

**The Instruction Guide explains how to complete this form.**

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br><b>5</b>                       | <b>2</b> FILER NAME<br><b>Christine Parker</b>  | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> Date<br><b>02/11/2021</b>                                  | <b>5</b> Payee name<br><b>K &amp; S</b>   |  |
| <b>6</b> Amount (\$)<br><b>285.78</b>                               | <b>7</b> Payee address; City; State; Zip Code<br><b>5736 FM 1960<br/>Humble, TX 77346</b>   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>   | <b>(b)</b> Description<br><b>Shirts</b>                      |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |
| Date<br><b>02/22/2021</b>   | Payee name<br><b>Square</b>   |  |
| Amount (\$)<br><b>7.66</b>  | Payee address; City; State; Zip Code<br><b>1455 Market Street Suite 600<br/>San Fransico, CA 94103</b>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Square reader fees</b>                     |
|   | <b>Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span></b>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |
| Date<br><b>02/24/2021</b>   | Payee name<br><b>Raise the Money</b>  |  |
| Amount (\$)<br><b>27.70</b>   | Payee address; City; State; Zip Code<br><b>P.O. Box 26466<br/>Little Rock, AR 72221</b>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | Description<br><b>Website fundraising fees</b>               |
|   | <b>Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span></b>     |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |
| Credit Card Payment                        |                               |                                |  |

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|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br><b>5</b>                       | <b>2</b> FILER NAME<br><b>Christine Parker</b>   | <b>3</b> Filer ID (Ethics Commission Filers)              |
| <b>4</b> Date<br><b>02/25/2021</b>                                  | <b>5</b> Payee name<br><b>Raise the Money</b>  |   |
| <b>6</b> Amount (\$)<br><b>24.75</b>                                | <b>7</b> Payee address; City; State; Zip Code<br><b>P.O. Box 26466<br/>Little Rock, AR 72221</b>   |   |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>(b)</b> Description<br><b>Website fundraising fees</b> |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                                 |
| <b>Date</b><br><b>03/03/2021</b>                                    | <b>Payee name</b><br><b>Raise the Money</b>  |   |
| <b>Amount (\$)</b><br><b>7.60</b>                                   | <b>Payee address; City; State; Zip Code</b><br><b>P.O. Box 26466<br/>Little Rock, AR 72221</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>Description</b><br><b>Website fundraising fees</b>     |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                                 |
| <b>Date</b><br><b>03/10/2021</b>                                    | <b>Payee name</b><br><b>Raise the Money</b>  |   |
| <b>Amount (\$)</b><br><b>3.92</b>                                   | <b>Payee address; City; State; Zip Code</b><br><b>P.O. Box 26466<br/>Little Rock, AR 72221</b>   |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Fees</b>   | <b>Description</b><br><b>Website fundraising fees</b>     |
|   | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                                 |

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# 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   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>5 | <b>2</b> FILER NAME<br>Christine Parker | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>03/30/2021 | <b>5</b> Payee name<br>Raise the Money |
|-----------------------------|--|

|                              |  |       |        |          |
|------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br>2.70 | <b>7</b> Payee address;<br>P.O. Box 26466<br>Little Rock, AR 72221 | City; | State; | Zip Code |
|------------------------------|--|-------|--------|----------|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees  | <b>(b)</b> Description<br>Website fundraising fees |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> 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 |
|-------------|----------------|-------|--------|----------|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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 |
|-------------|----------------|-------|--------|----------|

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

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| 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**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>2                               | <b>2</b> FILER NAME<br>Christine Parkec   | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |   | <b>\$ 4,054.00</b>   |
| <b>5</b> Date<br>03/03/2021  | <b>6</b> Payee name<br>Colon and Company  |  |
| <b>7</b> Amount (\$)<br><b>1,750.00</b>                              | <b>8</b> Payee address; City; State; Zip Code<br>3405 Edloe<br>Houston, Texas 77027   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense   | <b>(b)</b> Description<br>Campaign Mailer                    |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |
| <b>Date</b><br>02/03/2021  | <b>Payee name</b><br>MinuteMan Press  |  |
| <b>Amount (\$)</b><br><b>2,004.04</b>                                | <b>Payee address; City; State; Zip Code</b><br>238 First St E<br>Humble, Texas 77338  |  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br>Printing Expense   | <b>Description</b><br>Yard Signs                             |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling 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)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>2                               | <b>2</b> FILER NAME<br>Christine Parker   | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS             |   | <b>\$ 4,054.00</b>   |
| <b>5</b> Date<br>03/19/2021  | <b>6</b> Payee name<br>The Tribune  |  |
| <b>7</b> Amount (\$)<br>300.00                                       | <b>8</b> Payee address; City; State; Zip Code<br>1036 First Street East, Suite C<br>Humble, Texas 77338   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description<br>Paper and digital advertising      |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |
| <b>Date</b>  | <b>Payee name</b>   |  |
| <b>Amount (\$)</b>   | <b>Payee address; City; State; Zip Code</b>   |  |
| <b>TYPE OF EXPENDITURE</b>   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)   | <b>Description</b>   |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span> |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name   | Office sought <span style="float: right;">Office held</span> |

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# 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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>1   | <b>2</b> FILER NAME<br>Christine Parker  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>03/11/2021   | <b>5</b> Payee name<br>HEB   |  |
| <b>6</b> Amount (\$)<br>64.89<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br>4517 Kingwood Drive<br>Kingwood, Texas 77345  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br>Flowers            |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate / Officeholder name  | Office sought      Office held               |
| Date  | Payee name   |  |
| Amount (\$)<br><small>Reimbursement from political contributions intended</small>                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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 (\$)<br><small>Reimbursement from political contributions intended</small>                   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>   | 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               |

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