

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 applicable)

2 Total pages filed **3**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
MRS CHRISTINE B
 NICKNAME LAST SUFFIX
CHRIS PARKER

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS (NO BOX) APT / SUITE # CITY STATE ZIP CODE
**4042 BUCKEYE CREEK
 KINGWOOD, TX 71339**

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 352-5959

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
DR BONNIE
 NICKNAME LAST SUFFIX
LONGNIUM

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
**331 FOREST CENTER DR # 12014
 KINGWOOD, TX 71339**

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 6th day before election Exceeded Modified Reporting Limit Final Report (Active C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
7 1 21 THROUGH 12 31 21

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
5 6 21 General Special

12 OFFICE

OFFICE HELD (if any) POS 3
HUMBLE ISD TRUSTEE OFFICE SOUGHT (if known) POS 3
HUMBLE ISD TRUSTEE

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

Additional Pages

COMMITTEE TYPE COMMITTEE NAME
 GENERAL
 SPECIFIC
 COMMITTEE ADDRESS
 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 CHRISTINE PARKER		16 E/OH ID (Ethics Commission Filed)
17 CONTRIBUTION TOTALS	1 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4 TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1244.54
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

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** **TX 77334 USA**
(street) (city) (state) (zip code) (country)

Executed in **HARRIS** County, State of **TEXAS** on the **14** day of **JULY**, 20 **21**
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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)

- | | | | |
|--|---|--|---|
| <ul style="list-style-type: none"> Administrative Expenses Accounting/Banking Car rental Expenses Child/Spouse/Dependent/Medical Candidate's Office/Political Committee | <ul style="list-style-type: none"> Event Expenses Fees Food/Beverage Expense Gift/Awards/Memorial Expense Legal Services | <ul style="list-style-type: none"> Loan Repayment/Reimbursement Office Expenses/Rent/Utilities Printing Expense Postage Expense Salaries/Wages/Contract Labor | <ul style="list-style-type: none"> Subsidiary Accounting Expense Transportation/Equipment/Travel/Hotel Expenses Travel In TX (incl.) Travel Out of State Other (enter a category not listed above) |
|--|---|--|---|

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F2 1	2 FILER NAME CHRISTINE PARKER	3 Filer ID (EFile, Government Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 100.00
6 Date 12-6-21	6 Payee name THE TRIBUNE	
7 Amount (\$) \$100.00	8 Payee address, City, State, Zip Code 10360 FIRST STREET, STE E, UNIT C HUMBLE, TX 77338	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description HOLIDAY AD
	(c) <input type="checkbox"/> Check if candidate of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX officeholder filing expense.	
11 Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name		
Amount (\$)	Payee address,	City,	State, Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if candidate of Texas. Complete Schedule F. <input type="checkbox"/> Check if Austin, TX officeholder filing expense.		
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED