CANDIDA	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
	NICKNAME Parker	SUFFIX	Date Received 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX. APT / SUITE #: CITY.	STATE; ZIP CODE	Date Hand-delivered or Póstmarked
change of address	Burnet, Tx	7860	Receipt # Amount @
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 798-5389	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST SUPERITOR LAST LAST FOR LAST	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #.	Bundt,	ZIP CODE 784//
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (S/2) 798 5389	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 Bth day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary	Runoff C	Seneral Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	County Clerk		
	GO TO PAGE	2	

(TDD 1-800-735-2989)

SUPPORT	& TOTAL	CEHOLDER REPORT: LS	FORM C/OH COVER SHEET PG 2
14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	WINDSHIE ! OF FICE	DITICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDAT ATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	TE'S OR OFFICEUOLOFR'S ******
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ D
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL P	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	*D \$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL PO	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0
AFFIX NOTARY STAMP Sworm to and subset day	cribed before n	I swear, or affirm, under penalty of perjuis true and correct and includes all informe under Title 15, Election Code. Signature of Candidate me, by the said to certify which, witness my h	te or Officeholder the this the
Signature of officer admini	istering oath	Printed name of officer administering oath	Title of officer administering oath

POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A		
TI	he Instruction Guide explains how to complete th	is form.	1 Total pages Sc	hedule A:		
2 FILER NAM	DE		3 ACCOUNT # (I	Ethics Commission Filers)		
4 Date	5 Full name of contributor uut-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	6 Contributor address; City: State: Zip Code			! 		
	upation / Job title (See Instructions)	10 Employer (See	(ir travel outside Instructions)	of Texas, complete Schedule T)		
Date	Full name of contributor ut-of-state PAC (ID#_ Contributor address: City: State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occ	upation / Job title (See Instructions)	Employer (See I	(If travel outside o	of Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City: State; Zip Code	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I	(If travel outside onstructions)	f Texas, complete Schedule T)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See In	(If travel outside of astructions)	Texas, complete Schedule T)		
Date	Full name of contributor out-of-state PAC(ID# Contributor address; City; State; Zip Code	9	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occup	pation / Job title (See Instructions)	Employer (See In	(If travel outside of structions)	Texas, complete Schedule T)		
if c	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.					

PLEDO	GED CONTRIBUTIONS	xas 78711-2070	(512) 463-5800	(TDD 1-800-735-29
Th			4 Total and Col	
FILER NAME	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	edule B.
			3 ACCOUNT # (E	thics Commission Filers)
	TAL OF UNITEMIZED PLEDGES: ⇒	\$ \$\$	\$ \$	\$
Date	6 Full name of pledgor out-of-state PAC (ID#		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	Oily, State, Zip Code	•		
Principal occu	upation / Job title (See Instructions)	11 Employer (See I	Instructions)	of Texas, complete Schedule T)
Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
8	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID# Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside of	Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of	In-kind description
	Pledgor address; City, State, Zip Code		pledge (\$)	(if applicable)
Principal occuj	pation / Job title (See Instructions)	Employer (See Ir	(If travel outside of	Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of	In-kind description
	Pledgor address; City; State; Zip Code		pledge (\$)	(if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

Texas Ethics Comm	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
LOANS				SCHEDULE E
Th	e instruction Guide explains how	to complete this form.	1 Total pag	ges Schedule E:
2 FILER NAME			3 ACCOUN	4T # (Ethics Commission Filers)
4 TOT.	AL OF UNITEMIZED LOAN	S: \$ \$ \$ \$	D D	\$
5 Date of loan	7 Name of lender	Out-of-state PAC (ID#)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupa	tion / Job title (See Instructions)	13 Employer (See Instru	uctions)	
14 Description of Co	ilateral	15 Check if personal fun	ds were deposited i	nto political account
16 GUARANTOR INFORMATION	17 Name of guarantor		1	9 Amount Guaranteed (\$)
not applicable	18 Guarantor address	City: State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instru	ctions)	
Date of loan	Name of lender	ut-of-state PAC (ID#		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; S	State; Zip Code	* (5)(5) * * * * * * * * * * * * * * * * * * *	Interest rate
Y N				Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instruc	tions)	
Description of Colla	ateral	Check if personal funds	s were deposited int	o political account
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; C	ity; State; Zip Code		
Principal Occupati	on (See Instructions)	Employer (See Instruction	ons)	
lf lend	ATTACH ADDITIONAl ler is out-of-state PAC, please so	L COPIES OF THIS SCHEDULE AS	S NEEDED	rements.

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE	CATEGORIE	S FOR BOX 8(a	1)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/ Solicitation/Fund Travel In District Travel Out Of D	Contract Labor Iraising Expense t	Loan Repayment Transportation Ed Contributions/Do Candidate/Off	uipment & Related Expense
	The Instruction Guide			orm.	category not listed above)
1 Total pages Schedule F:	2 FILER NAME		· · · · · · · · · · · · · · · · · · ·		T # (Ethics Commission Filer
				7 7.0000.	- # (Cuites Continues ion Filet:
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address: City: Sta	te, Zip Code			
		2			
PURPOSE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Tex	ras, complete Schedule T)
OF EXPENDITURE		•	(=) ===================================	(1) (19 Aet On(2) de Ot 16)	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	ht	Office held
Date	Payee name				
Amount (\$)	Payee address; City; Stat	te; Zip Code			
PURPOSE OF	Category (See categories listed at the top of	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE					The state of the s
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	t	Office held
Date	Payee name				
Amount (\$)	Payee address; City: State	e; Zip Code			
	City, State	3: ZID Code			
i		, _			
		, _, 5555			
PURPOSE	Category (See categories listed at the top of	·	Description	(If travel outside of Tow	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	·	Description	(If travel outside of Texs	s. complete Schedule T)
OF	Candidate / Officeholder name	·	Description Office sought		s. complete Schedule T) Office held
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	·			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name	f this schedule)			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date	Candidate / Officeholder name H Payee name	·			
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$)	Candidate / Officeholder name H Payee name Payee address; City, State	f this schedule)			
OF EXPENDITURE Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name H Payee name	f this schedule)	Office sought		

	_ EXPENDITURES OM PERSONAL FU			SCHEDULE G
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense	RE CATEGORIES FOI Salaries/Wages/Contra	t Labor Loa	n Repayment/Reimbursement
Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Solicitation/Fundraising Travel In District Travel Out Of District	Expense Trai	nsportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee
	Printing Expense The Instruction Gu	Office Overhead/Renta		IER (enter a category not listed above)
1 Total pages Schedule G.	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address. City;	State; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the	top of this schedule) (b)	Description (Iftra	vel outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City;	State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the	top of this schedule)	Description (If trav	vel outside of Texas. complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City, S	State: Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the ti	lop of this schedule)	Description (If trav	el outside of Texas, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address, City; S	State; Zip Code		
Reimbursement from political contributions intended	_			
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	op of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH

SCHEDULE H

TOABOSII	NESS OF C/OH				
	EXPENDITURE	CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens		Loan Repayme Transportation Contributions/E Candidate/C OTHER (enter	ent/Reimbursement Equipment & Related Expense Conations Made By Officeholder/Political Committee a category not listed above)
1 Total pages Schedule H	The Instruction Guide 2 FILER NAME	explains how to	o complete this fo		
	T / ILLIY MANUE			3 ACCO	UNT # (Ethics Commission Filers)
4 Date	5 Business name				
6 Amount (\$)	7 Business address. City: Sta	ate; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of	Texas complete Schedule T)
9 Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sough	nt	Office held
Date	Business name				
Amount (\$)	Business address; City: Sta	te: Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH		Office sough	it	Office held
Date	Business name				
Amount (\$)	Business address; City; Stat	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categones listed at the top of	of this schedule)	Description	(If travel outside of T	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	l	Office held
Date	Business name				
Amount (\$)	Business address; City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Te	exas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	-	Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	SCHEDULE AS N	IEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

			1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salari Legal Services Solicii Food/Beverage Expense Trave Polling Expense Trave	EGORIES FOR BOX 8(a) ies/Wages/Contract Labor tation/Fundraising Expense I In District I Out Of District Overhead/Rental Expense ins how to complete this for	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule I:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City: State; Zi	p Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this sc	hedule) (b) Description	(See instructions regarding type of information required.)
Date	Payee name	<u> </u>	
Amount (\$)	Payee address; City; State; Zi	p Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sci	nedule) Description	(See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip	o Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this sch	edule) Description	(See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip) Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this scho	edule) Description	(See instructions regarding type of information required)
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED

(TDD 1-800-735-2989)

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE **K**

	e Instruction Guide explains how to complete this form.	Total pages Schedule K:
FILER NAME	3	ACCOUNT # (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received. City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received: City; State; Zip Code	
	Purpose for which amount is received	

Texas Etrics Cornillission	U. BOX 12070	Austin, Texas 7	8/11-20/0	(512) 463-5800	(TDD 1-800-735-2989)
IN-KIND CONTRIB FOR TRAVEL OUT			EXPEND	ITURE	SCHEDULE T
The Instruction Guid	te explains how to	complete this for	n.	1 Total pages Schedule	• T:
2 FILER NAME				3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor / Corporation	n or Labor Organizati	on / Pledgor / Payee			
5 Contribution / Expenditure reporte	ed on:	· · · · · · · · · · · · · · · · · · ·			
Schedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Schedule H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E
6 Dates of travel 7 Name	of person(s) traveling	3			
8 Depart	ure city or name of de	eparture location		<u> </u>	
9 Destina	ation city or name of	destination location			
10 Means of transportation	11 Purpose of trav	vel (including name	of conference, se	minar, or other event)	
				,	
Name of Contributor / Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expenditure reported	1				
Schedule A		Cohodula 0			
Schedule H	Schedule B	Schedule C	Schedule		Schedule G
	person(s) traveling	COH-UC	COH-T	PAC-C	PAC-E
Departure	e city or name of depart	arture location			
Destination	on city or name of de	stination location			· · · · · · · · · · · · · · · · · · ·
Means of transportation	Purpose of travel	(including name of	conference, semi	nar, or other event)	
Name of Contributor / Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expenditure reported	d on				
Schedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Schedule H	Schedule N	COH-UC	СОН-Т	PAC-C	PAC-E
Dates of travel Name of	person(s) traveling				
Departure	e city or name of depa	arture location			
Destination	on city or name of des	stination location			·
Means of transportation	Purpose of travel	(including name of	conference, semi	nar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT

	DES	SIGNATION OF FINAL REPORT	FORM C/OH - FR				
		The Instruction Guide explains how to complete this •• Complete only if "Report Type" on page 1 is marked "Fil	form. nal Report" ••				
1	C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers)				
3	SIGN	ATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signatur	re of Candidate / Officeholder				
4	FILER	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from po	plitical contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned or use. I also understand that I must file an annual report of unexpended contributions and contributions or unexpended interest or income earned on political contributions longer report. Further, I understand that I must dispose of unexpended political contributions are earned on political contributions in accordance with the requirements of Election Code, § 2	on political contributions to personal d that I may not retain unexpended r than six years after filing this final				
	В.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income from	m political contributions.				
		I do retain assets purchased with political contributions or interest or other income from polit I may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in of Election Code, § 254.204.	om political contributions to possonal				
		Si	gnature of Candidate				
5	OFFIC	EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not am also aware that I will be required to file reports of unexpended contributions if, after officeholder. I retain political contributions, interest or other income from political contributions contributions or interest or other income from political contributions.	filing the last required report as an				
		Sig	nature of Officeholder				