

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

14 C/OH NAME CHARLES PARKER 15 Filer ID (Ethics Commission Filers) 1045130850

16 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.

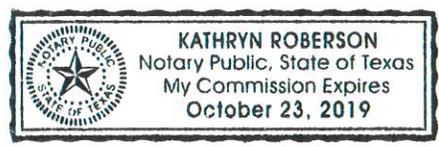
COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	<u>N/A</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>16,771</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,623</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,294</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>27,500</u>

18 AFFIDAVIT

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



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Parker, this the 4th day of April, 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Kathryn Roberson Printed name of officer administering oath
Notary Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

2/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

GREY PIERSON

7 Amount of contribution (\$)

1,000

6 Contributor address; City; State; Zip Code

301 W ABRAM ARL TX 76010

8 Principal occupation / Job title (See Instructions)

LAWYER

9 Employer (See Instructions)

Date

2/11/16

Full name of contributor out-of-state PAC (ID#: _____)

JOR LLC

Amount of contribution (\$)

300

Contributor address; City; State; Zip Code

8111 RUSSELL CURRY RD. ARL TX 76001

Principal occupation / Job title (See Instructions)

BUSINESS

Employer (See Instructions)

Date

2/11/16

Full name of contributor out-of-state PAC (ID#: _____)

HUSEIN ALMAHVOUS

Amount of contribution (\$)

500

Contributor address; City; State; Zip Code

2615 HEMMINGWAY DR. ARL TX 76006

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

2/11/16

Full name of contributor out-of-state PAC (ID#: _____)

RICKY MERRITT

Amount of contribution (\$)

200

Contributor address; City; State; Zip Code

3004 IRON STONE CT. ARL TX 76006

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)
1045130850

4 Date

2/26/16

5 Full name of contributor out-of-state PAC (ID#: _____)

DAN DIPERT

6 Contributor address; City; State; Zip Code

1512 KILLIAN DR. ARL TX 76013

7 Amount of contribution (\$)

250

8 Principal occupation / Job title (See Instructions)

BUSINESS MAN (RET.)

9 Employer (See Instructions)

Date

2/29/16

Full name of contributor out-of-state PAC (ID#: _____)

TODD STANDIFER (PAYPAL)

Contributor address; City; State; Zip Code

2213 CROW COLONY DR ARL TX 76011

Amount of contribution (\$)

195.24

Principal occupation / Job title (See Instructions)

MILITARY

Employer (See Instructions)

Date

2/29/16

Full name of contributor out-of-state PAC (ID#: _____)

CRAIG BARTON

Contributor address; City; State; Zip Code

608 CROWN COLONY DR ARL TX 76006

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

BUSINESS MAN (RE)

Employer (See Instructions)

Date

2/29/16

Full name of contributor out-of-state PAC (ID#: _____)

HOWARD PORTEUS

Contributor address; City; State; Zip Code

1245 BLUE LAKE ARL TX 76005

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

2/22/14

5 Full name of contributor out-of-state PAC (ID#: _____)

MICK ZIEGLER

6 Contributor address; City; State; Zip Code

1011 MAXWELL CT. EWELESS TX 76039

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

AIRLINE RET.

9 Employer (See Instructions)

Date

2/29/14

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT KEMBEL

Contributor address; City; State; Zip Code

1301 BLUE LAKE ARL TX. 76005

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

3/3/14

Full name of contributor out-of-state PAC (ID#: _____)

D.L. TAYLOR

Contributor address; City; State; Zip Code

605 LINCOLN CT ARL TX 76006

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

3/3/14

Full name of contributor out-of-state PAC (ID#: _____)

STEPHEN CAVENDER

Contributor address; City; State; Zip Code

2111 N. ROLLINS ARL TX 76010

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

3/2/14

5 Full name of contributor out-of-state PAC (ID#: _____)

DAVID CRAWFORD

7 Amount of contribution (\$)

250

6 Contributor address; City; State; Zip Code

500 E. BORDER ARL TX 76010

8 Principal occupation / Job title (See Instructions)

ACCOUNTANT

9 Employer (See Instructions)

Date

3/2/14

Full name of contributor out-of-state PAC (ID#: _____)

DAVID SARGENT

Amount of contribution (\$)

2,000

Contributor address; City; State; Zip Code

2714 SHERMAN ST. GRAND PRAIRIE TX 75051

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

HARRY CROFTON

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

1309 MEMORY LN. ARL TX 76011

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

MICHAEL WHELAN

Amount of contribution (\$)

100

Contributor address; City; State; Zip Code

2009 LAKEHILL CT. ARL TX 76012

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

3/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

GRACE McDERMOT

6 Contributor address; City; State; Zip Code

2114 FRANKLIN CT. ARL TX 76011

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

BUSINESS WOMAN

9 Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

KATHLEEN REILLY

Contributor address; City; State; Zip Code

1605 DELTA ARL TX 76012

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

PATRICK REILLY

Contributor address; City; State; Zip Code

2726 STEAMBOAT CV ARLTX 76006

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

DEANNA PAHA

Contributor address; City; State; Zip Code

2204 COOLIDGE ARL TX 76011

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

HOMEMAKER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)
1045130850

4 Date

3/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

NICK STANLEY

6 Contributor address; City; State; Zip Code

600 COUNTRY GREEN ARL TX 76011

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

POLITICAL PUNDIT

9 Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

MARK GIST

Contributor address; City; State; Zip Code

2700 WOULDGE DR ARL TX 76013

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

PATRICIA NEWLIN

Contributor address; City; State; Zip Code

PO BOX 122468 ARL TX 76012

Amount of contribution (\$)

50

Principal occupation / Job title (See Instructions)

HOME MAKER

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

DON DUKE

Contributor address; City; State; Zip Code

PO BOX 13464 ARL TX 76094

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

MOJY HADDAD

6 Contributor address; City; State; Zip Code

2500 NE GREEN OAKS ARL TX 76006

7 Amount of contribution (\$)

2,000

8 Principal occupation / Job title (See Instructions)

ARCHITECT

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/3/14

JIM BASS

Contributor address; City; State; Zip Code

2609 MONARCH ARL TX 76006

200

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/3/14

JOSEPH WOODARD

Contributor address; City; State; Zip Code

905 WAYLAND ARL TX 76012

30

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

3/3/14

TIM MOLONEY

Contributor address; City; State; Zip Code

2008 RUMSON DR. ARL TX 76004

200

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

3/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

LINDA DEAN

6 Contributor address; City; State; Zip Code

1410 ORIENTAL ARL TX 76011

7 Amount of contribution (\$)

200

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

CHAD BATES

Contributor address; City; State; Zip Code

1114 MONTREAU CT. ARL TX 76012

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

INSURANCE

Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

FRANK JELINEK

Contributor address; City; State; Zip Code

502 BEADY ARL TX 76006

Amount of contribution (\$)

125

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/5/16

Full name of contributor out-of-state PAC (ID#: _____)

JOHN JOHNSON

Contributor address; City; State; Zip Code

1801 RHINE VALLEY ARL TX 76012

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

3/4/16

5 Full name of contributor out-of-state PAC (ID#: _____)

JOE BRUNER

6 Contributor address; City; State; Zip Code

2311 AUTUMN OAKS

7 Amount of contribution (\$)

2,500

8 Principal occupation / Job title (See Instructions)

AUTO DEALER

9 Employer (See Instructions)

Date

3/3/16

Full name of contributor out-of-state PAC (ID#: _____)

DAN MOHORC

Contributor address; City; State; Zip Code

2702 MARK TWAIN ARL TX 76006

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

BUSINESS MAN

Employer (See Instructions)

Date

3/17/16

Full name of contributor out-of-state PAC (ID#: _____)

TOM CRALENS

Contributor address; City; State; Zip Code

501 S. FIELDER ARL TX 76013

Amount of contribution (\$)

200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/16

Full name of contributor out-of-state PAC (ID#: _____)

J. M. DODD

Contributor address; City; State; Zip Code

700 TIMBRE LINE CT ARL TX 76006

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

104513850

4 Date

3/3/16

5 Full name of contributor out-of-state PAC (ID#: _____)

RAY CAMPBELL

6 Contributor address; City; State; Zip Code

2402 CROWN COLONY ARLTX 76011

7 Amount of contribution (\$)

100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/16

Full name of contributor out-of-state PAC (ID#: _____)

JACK STEIN

Contributor address; City; State; Zip Code

2324 VIEW SIDE ARLTX 76011

Amount of contribution (\$)

500

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24/16

Full name of contributor out-of-state PAC (ID#: _____)

STEPHEN ZIMMER (PAYPAL)

Contributor address; City; State; Zip Code

502 BEADY ARL TX 76006

Amount of contribution (\$)

970.70

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24/16

Full name of contributor out-of-state PAC (ID#: _____)

MARY ELIZABETH GLASS

Contributor address; City; State; Zip Code

2405 MILIKIN ARLINGTON TX 76012

Amount of contribution (\$)

100

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

11 OF 11

2 FILER NAME

CHARLES PARKER

3 Filer ID (Ethics Commission Filers)

1045130850

4 Date

3/28/16

5 Full name of contributor out-of-state PAC (ID#: _____)

STEVE MARTINDALE

6 Contributor address; City; State; Zip Code

9 ROGERS CT. PANTEGO 760813

7 Amount of contribution (\$)

1,000

8 Principal occupation / Job title (See Instructions)

BUSINESS MAN

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: <i>1 OF 4</i>	2 FILER NAME <i>CHARLES PARKER</i>	3 Filer ID (Ethics Commission Filers) <i>1045130850</i>
4 Date <i>2/25/16</i>	5 Payee name <i>IMAGE 360</i>	
6 Amount (\$) <i>1,800</i>	7 Payee address; City; State; Zip Code <i>900 E COPELAND ARL TX 76011</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>26 FEB 2016</i>	Payee name <i>MURPHY NASICA</i>	
Amount (\$) <i>270</i>	Payee address; City; State; Zip Code <i>815 BRAZOS ST. AUSTIN TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date <i>2/18/16</i>	Payee name <i>IMAGE 360</i>	
Amount (\$) <i>1,800</i>	Payee address; City; State; Zip Code <i>900 E COPELAND ARL TX 76011</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 2 of 4		2 FILER NAME CHARLES PARKER		3 Filer ID (Ethics Commission Filers) 1045130850	
4 Date 3/11/16		5 Payee name POST OFFICE			
6 Amount (\$) 156		7 Payee address; City; State; Zip Code BAIIPARK WAY ARLINGTON TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) POSTAGE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 3/12/16		Payee name HOME DEPOT			
Amount (\$) 95		Payee address; City; State; Zip Code ROAD TO SIX FLAGS ARLINGTON TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		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 3/17/16		Payee name HOME DEPOT			
Amount (\$) 26		Payee address; City; State; Zip Code ROAD TO SIX FLAGS ARLINGTON TX			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: 3 OF 4	2 FILER NAME CHARLES PARKER	3 Filer ID (Ethics Commission Filers) 1045130850
4 Date 3/26/16	5 Payee name HOME DEPOT	
6 Amount (\$) 58	7 Payee address; City; State; Zip Code ROAD TO SIX FLAGS ARLINGTON TX 76004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/28/16	Payee name SPAZZIO'S	
Amount (\$) 185	Payee address; City; State; Zip Code 2500 NE GREEN OAKS ARLINGTON TX 76004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 3/28/16	Payee name CHARLES PARKER	
Amount (\$) 233	Payee address; City; State; Zip Code 501 CROWN COLONY ARL TX 76006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBURSEMENT. FOOD, LABELS, FOOD, POLLS MAP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: <i>4 OF 4</i>	2 FILER NAME <i>CHARLES PARKER</i>	3 Filer ID (Ethics Commission Filers) <i>1045130850</i>
4 Date <i>3/3/16</i>	5 Payee name <i>JOHN DOSHER</i>	
6 Amount (\$) <i>1,000</i>	7 Payee address; City; State; Zip Code <i>2516 LAURAL VALLEY LN. ARLINGTON TX 76006</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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