

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small> 1045130850	2 Total pages filed 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <p style="text-align: center; font-size: 1.2em;">CHARLES G.</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">CHARLIE PARKER</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <p>Date Received</p> <hr/> <p>Date Hand-delivered or Postmarked</p> <p>Receipt # Amount</p> <p>Date Processed</p> <p>Date Imaged</p> </div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 1.5em; font-weight: bold; text-align: center;"> RECEIVED - CSO 14 APR 30 PM 1:56 </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <p style="text-align: center; font-size: 1.2em;">501 CROWN COLONY ARLINGTON TX 76004</p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(817) 491-8582</p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <p style="text-align: center; font-size: 1.2em;">MICHAEL</p> NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">MICK ZIEGLER</p>		
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <p style="text-align: center; font-size: 1.2em;">1611 MAXWELL CT. EVELESS TX 76039</p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <p style="text-align: center; font-size: 1.2em;">(817) 690-5748</p>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="text-align: center; font-size: 1.2em;">4 / 11 / 14 5 / 2 / 14</p>		
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center; font-size: 1.2em;">5 / 10 / 14</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center; font-size: 1.2em;">COUNCILMAN DISTRICT 1</p>	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">COUNCILMAN DISTRICT 1</p>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

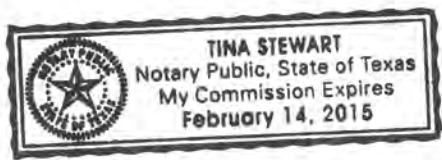
**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME	15 ACCOUNT # (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

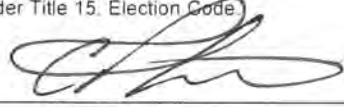
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS)	\$ 1,100
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,332
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,500

18 AFFIDAVIT



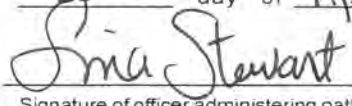
AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said Charlie Parker, this the 30th day of April, 2014, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Tina Stewart

 Printed name of officer administering oath

notary

 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A:

2 FILER NAME **CHARLES PARKER** 3 ACCOUNT # (Ethics Commission Filers)
1045130850

4 Date 4/27/14	5 Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) TOM LE	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
	6 Contributor address, City, State, Zip Code 1132 107TH ST. ARLINGTON TX 76011	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **UNIK** 10 Employer (See Instructions)
LURACO INDUSTRIES

Date 4/27/14	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) JOHN JOHNSON	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code 1801 RHINEVALEE DR. ARLINGTON TX 76012	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **RETIRED** Employer (See Instructions)

Date 4/27/14	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____) TEXAS ASSOCIATION OF REALTORS	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code P.O. Box 2246 AUSTIN TX 78768	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) **REALTOR** Employer (See Instructions)
TEXAS ASSO. OF REALTORS

Date	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor: <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City, State, Zip Code	(If travel outside of Texas, complete Schedule T)	

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.