

# 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 # (Ethics Commission Filer) <b>1045130850</b>	2 Total pages filed: <b>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS <input checked="" type="radio"/> MR FIRST: <b>CHARLES</b> MI: <b>G.</b> NICKNAME: <b>CHARLIE</b> LAST: <b>PARKER</b> SUFFIX:	OFFICE USE ONLY Date Received <b>JUN 27 PM 3:35</b> Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE <b>501 CROWN COLONY DR. ARLINGTON TX 76004</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817) 691-8582</b>		
6 CAMPAIGN TREASURER NAME	MS MRS <input checked="" type="radio"/> MR FIRST: <b>MICHAEL</b> MI: NICKNAME: <b>MICK</b> LAST: <b>ZIEGLER</b> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE <b>1611 MAXWELL CT. EUELESS TX 76309</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(817) 690-5768</b>		
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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th 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 <b>5/3/14 THROUGH 6/30/14</b>		
11 ELECTION	ELECTION DATE Year    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)    OFFICE SOUGHT (if known) <b>COUNCILMAN DISTRICT 1</b>		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*CHARLES PARKER*

15 ACCOUNT # (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

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ *—*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *350*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *—*

4. TOTAL POLITICAL EXPENDITURES

\$ *1,000*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *6,682*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *27,500*

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.



*Charles Parker*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles Parker, this the 27<sup>th</sup> day of June, 20 14, to certify which, witness my hand and seal of office.

*Jean Kenyon*  
Signature of officer administering oath

Jean Kenyon  
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: <b>1</b>	
2 FILER NAME <b>CHARLES PARKER</b>		3 ACCOUNT # (Ethics Commission Filers) <b>1045130850</b>	
4 Date <b>5/20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim BASS</b>	7 Amount of contribution (\$) <b>100</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2709 MONARCH DR. ARLINGTON TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>UNKNOWN</b>		10 Employer (See Instructions) <b>UNKNOWN</b>	
Date <b>6/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICK MERRITT</b>	Amount of contribution (\$) <b>250</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3004 IRON STONE CT. ARLINGTON TX 76006</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>UNKNOWN</b>		Employer (See Instructions) <b>UNKNOWN</b>	
Date <b>6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>APA PAC</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>MAILER MANPOWER</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 856 ARLINGTON TX 76004</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>POLICE</b>		Employer (See Instructions) <b>CITY OF ARLINGTON</b>	
Date <b>6/17</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>IAFF PAC</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>MANPOWER</b>
Contributor address; City; State; Zip Code <b>208 SOUTH FIELDER RD. ARLINGTON TX 76013</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>FIRE FIGHTER</b>		Employer (See Instructions) <b>CITY OF ARLINGTON</b>	
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.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <i>1</i>	<b>2</b> FILER NAME <i>CHARLES PARKER</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <i>1045130850</i>
<b>4</b> Date <i>5/16</i>	<b>5</b> Payee name <i>APA PAC</i>	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code <i>P.O. Box 856 ARLINGTON TX 76004</i>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>CONTRIBUTION</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>DONATION</i>
<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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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 (If travel outside of Texas, complete Schedule T)
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**