Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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 Filers): 1045130850

2 Total pages filed:

OFFICE USE ONLY

Date Received: RECEIVED - CSO 15 JUN 18 PM 1:55

Date Hand-delivered or Postmarked:

Receipt #: Amount:

Date Processed:

Date Imaged:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR
FIRST: CHARLES
MI: G
NICKNAME: CHARLIE
LAST: PARKER
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
501 CROWN Colony Dr.
ARLINGTON TX. 76006

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817)
PHONE NUMBER: 691-8582
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR
FIRST: MICHAEL
MI:
NICKNAME: MICK
LAST: ZIEGLER
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1611 MAXWELL CT.
EULESS TX. 76039

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 690-5768
EXTENSION:

9 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☑ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 1 / 1 / 15 THROUGH Month / Day / Year: 6 / 30 / 15

11 ELECTION

ELECTION DATE Month / Day / Year: / / N/A

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): COUNCIL MAN DISTRICT 1

13 OFFICE SOUGHT (if known):

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

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	$ 13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 4,188
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 59
	4. TOTAL POLITICAL EXPENDITURES	$ 1,134
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 10,336
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charlie Parker, this the 18th day of June, 20 15, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: MARY SUPINO | Title of officer administering oath: City Secretary

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers): 1045130850

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/26	GARY DALEY 1014 N FIELDER ARLINGTON TX 76012	500	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): PHARMACY

10 Employer (See Instructions): SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	MIKE WHELAN 2009 LAKEHILL CT ARLINGTON TX 76012	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	MICHAEL ZIEGIER 1611 MAXWELL CT EULESS TX. 76039	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED PILOT

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	CLIFF MYCOSKIE 1409 WOODBINE CT ARLINGTON TX 76012	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): SELF EMPLOYED

Employer (See Instructions): SELF

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	MIKE MAHAN 1023 BYRON ARLINGTON TX. 76012	300	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PILOT

Employer (See Instructions): DELTA AIRLINES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers): 1045130850

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/26	DAVE LEYERLE 504 BERMUDA CT. ARLINGTON TX 76011	250	(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): PILOT

10 Employer (See Instructions): DELTA AIRLINES

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	TOM SEWELL 604 CROWN COLONY DR ARLINGTON TX 76006	200	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): DOCTOR

Employer (See Instructions): SELF

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	FRANK JELINEK 502 E BEADY ARLINGTON TX 76006	125	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): LAWYER

Employer (See Instructions): SELF

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	MARK CAFFEY 8632 WATERFRONT CT. FT. WORTH TX 76~~113~~179	100	(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): OIL & GAS COMPANY

Employer (See Instructions): SELF

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	STEVE MARTINDALE 9 ROGERS CT PANTEGO TX 76013		(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PRESIDENT.

Employer (See Instructions): 6 FLAGS OVER TX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers): 1045130850

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/26	AFFA PAC 208 S FIELDER ARLINGTON TX 76013	250	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): PAC

10 Employer (See Instructions): N/A.

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	BOB KEMBEL 3820 LEISURE LN. DENTON TX. 76210	250	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PRESIDENT

Employer (See Instructions): JCKPL

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	MOJY HADDAD 3024 SHADOW ARLINGTON TX 76066	1,000	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): ARCHITECT

Employer (See Instructions): SELF

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	LINDA DEAN 1410 ORIENTAL ARLINGTON TX 76011	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	DARYL TAYLOR LINCOLN CT. ARLINGTON TX. 76006	100	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): UNK

Employer (See Instructions): —

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 4

2 FILER NAME: CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers): 1045130 850

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/26	JOANNA LIPSCOMBE TIMBERBINE RD. ARLINGTON TX	100	

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): UNK

10 Employer (See Instructions): —

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	JOHN JOHNSON 1801 RHINE VALLEY Dr ARLINGTON TX 76012	200	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions): —

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/26	CASH - UNKNOWN	13	

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

(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

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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 Candidate/Officeholder/Political Committee
Event Expense	Polling Expense	Travel Out Of District	OTHER (enter a category not listed above)
Fees	Printing Expense	Office Overhead/Rental Expense	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME: CHARLES PARKER

3 ACCOUNT # (Ethics Commission Filers): 1045130850

4 Date: 2/11

5 Payee name: MURPHY NASACA

6 Amount ($): 275

7 Payee address; City; State; Zip Code: 815 BRAZOS ST. #304 AUSTIN TX 78701

8 PURPOSE OF EXPENDITURE

(a) Category (See categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description (If travel outside of Texas, complete Schedule T): N/A

☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 3/6

Payee name: POST MASTER

Amount ($): 59

Payee address; City; State; Zip Code: BALLPARK WAY ARLINGTON TX

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): POSTAGE

Description (If travel outside of Texas, complete Schedule T): —

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date: 3/26

Payee name: MICHAEL HIX

Amount ($): 800

Payee address; City; State; Zip Code: UNKN

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule): EVENT EXPENSES

Description (If travel outside of Texas, complete Schedule T): —

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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Date

Payee name

Amount ($)

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED