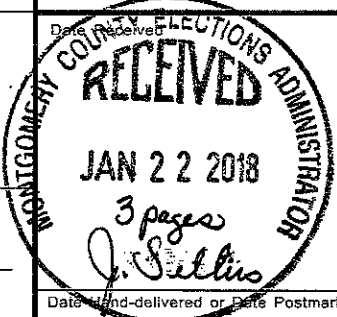


# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

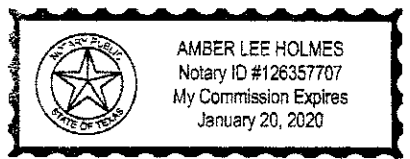
1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>2 pages</i>	<b>OFFICE USE ONLY</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Grey</i> NICKNAME LAST SUFFIX <i>Parker</i>	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked Receipt #      Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year      Month Day Year <i>07/01/2017</i> THROUGH <i>12/31/2017</i>	Date Processed Date Imaged

6 EXPLANATION OF CORRECTION  
*Due to a software calculator error and typing input errors, I am correcting the total contributions maintained field and two contributors misspelled names respectively.*

7 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Greg Parker*, this the *22<sup>nd</sup>* day of *January*, 20*18* to certify which, witness my hand and seal of office.

<i>[Handwritten Signature]</i>	<i>Amber Lee Holmes</i>	<i>Notary</i>
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Form C/OH  
Cover Sheet PG 2

C/OH NAME <b>Gregory Parker</b>		Filer ID (Ethics Commission Filers)
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	Committee Name
	<input type="checkbox"/> GENERAL	Committee Address
	<input type="checkbox"/> SPECIFIC	Committee Campaign Treasurer Name
		Committee Campaign Treasurer Address
CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$34,671.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0.00
	4. TOTAL POLITICAL EXPENDITURES	\$5,320.83
CONTRIBUTION BALANCE	5. TOTAL PRINCIPAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$350.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0.00

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 \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

Total Pages this schedule A1: Page 5 of 8

FILER NAME

Gregory Parker

Filer ID (Ethics Commission Filers)

DATE	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
10/22/2017	Eric & Kelly Burton		\$50.00
	Contributor address:	City: State: Zip Code	
	3030 Bryan St. Suite 206, Dallas, TX, 75204		

Principal occupation / Job Title (See Instructions)

Writer

Employer (See Instructions)

Self-Employed

DATE	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
10/22/2017	Randy & Kristin Bays		\$50.00
	Contributor address:	City: State: Zip Code	
	1503 Halley, Conroe, TX, 77301		

Principal occupation / Job Title (See Instructions)

Employer (See Instructions)

DATE	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
10/22/2017	Tasha Parker		\$100.00
	Contributor address:	City: State: Zip Code	
	2226 Oak Rise Drive, Conroe, TX, 77304		

Principal occupation / Job Title (See Instructions)

Manager

Employer (See Instructions)

Oil & Gas Company

DATE	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
10/22/2017	Bob Bagley		\$25.00
	Contributor address:	City: State: Zip Code	
	1602 Old Oak Hill St., Conroe, TX, 77301		

Principal occupation / Job Title (See Instructions)

Retired

Employer (See Instructions)

Retired

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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