Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	1980
2 Total pages filed:	16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MS. FIRST: Carol MI: NICKNAME: LAST: Alvarado SUFFIX:
4 ORIGINAL REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded $500 limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report ☐ Other (specify)
5 ORIGINAL PERIOD COVERED	Month Day Year: 01/01/04 THROUGH Month Day Year: 06/30/04

OFFICE USE ONLY

Date Received

RECEIVED FEB 28 2006 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

- Documentation for an out-of-state PAC contribution was mistakenly not attached.
- Due to a clerical oversight, a reimbursement was reported w/o reporting the actual payee.
- Additionally, a reimbursement was reported in the next report - (end of year report) - w/out reporting the actual payee in schedule G of this report. This change increases total expenditures for this report also.

7 AFFIDAVIT

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

Check ONLY if applicable:

☐ 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.

TONY CAMPOS NOTARY PUBLIC STATE OF TEXAS EXPIRES 3-18-09

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Carol Alvarado this the 27 day of February 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Tony Campos	Tony Campos	Notary

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 ACCOUNT # (Ethics Commission filers)
Alvarado, Carol (Ms.	1980

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures 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

18 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)	$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,979 94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 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 | Printed name of officer administering oath | Title of officer administering oath

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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: 1

2 FILER NAME: Alvarado, Carol (MS.)

3 ACCOUNT # (Ethics Commission filers): 1980

4 Date	5 Full name of contributor	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/03/04	SEIU COPE ☒ out-of-state PAC (ID#: C00004034) 6 Contributor address; City; State; Zip Code: [redacted] WASHINGTON, DC 20005	$5,000.00	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

02/24/2005 08 : 44

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

FEC ID:

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Service Employees International Union Committee On Political Education (SEIU COPE)

ADDRESS (mailing address)

1313 L Street NW

(Check if address is changed)

Washington DC 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

stburger@seiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028988328

2. DATE 02 23 2005

3. FEC IDENTIFICATION NUMBER C C00004036

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Anna Burger

Signature of Treasurer Electronically Filed by Anna Burger Date 02 23 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Service Employees International Union

Mailing Address 1313 L Street, NW

Washington DC 20005 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | X Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

Service Employees International Union Committee On Political Education (SEIU COPE)

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Liz Gustafson

Mailing Address: 1313 L Street, NW

Washington | DC | 20005 -

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

C.F.O.

Telephone number: 202 - 898 - 3200

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Anna Burger

Mailing Address: 1313 L Street, NW

Washington | DC | 20005 -

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Treasurer

Telephone number: 202 - 898 - 3200

Full Name of Designated Agent

Mailing Address

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address 1825 K Street, NW

Washington DC 20005 -

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Suntrust Bank

Mailing Address 1445 new York Ave., NW

Washington DC 20005

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

1199 Service Employees Int'l Union Federal Political Action Fund

Mailing Address 330 W 42nd St, 7th Floor

New York NY 10036

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

Local 32BJ SEIU American Dream Political Action Fund

Mailing Address 101 Avenue of the Americas

New York NY 10013

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

New York State Public Employees Federation - COPE

Mailing Address P.O. Box 12414

Albany NY 12212

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. [ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee [ADDITIONAL]

1199 32BJ/144 Service Employees International Union Home Care Political Action Fund

Mailing Address 390 W 42nd St. 7th Floor

New York NY 10036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Affiliated

Type of Connected Organization:

Corporation	Corporation w/o Capital Stock	X	Labor Organization
Membership Organization	Trade Association		Cooperative

Designated Agent [ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME: Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers): 1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	Reimbursement from political contributions intended
3/21/04	Don Carlos Restaurant [redacted] Houston, TX 77012	Dinner for staff	121.98	☒
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	Reimbursement from political contributions intended
10/26/04	Hyatt Regency Washington DC [redacted] Washington, DC 20001	Hotel Room for NALEO Conference (originally reported in end of year report)	564.43	☒
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED