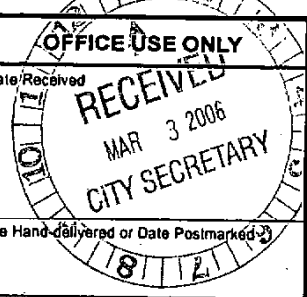


# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT # 2		<b>2</b> Total pages filed: 1					
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI	Date Received
		NICKNAME	LAST			SUFFIX	Date Hand-delivered or Date Postmarked
<b>4</b> 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			Receipt #      Amount		
<b>5</b> ORIGINAL PERIOD COVERED		Month      Day      Year      THROUGH      Month      Day      Year 7 / 1 / 03      12 / 31 / 03			Legal      Totals		
					Date Processed		
					Date Imaged		

**6** EXPLANATION OF CORRECTION

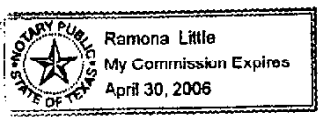
The original report showed a contribution on October 28, 2003 from Southwest Airlines. That particular contribution actually came from the Southwest Airlines Company Freedom Fund but was reported incorrectly by my consultant. Attached is a copy of the Federal Election Commission Report showing a contribution to my campaign on October 24, 2003 in the amount of \$250. I have made a good faith effort to correct any and all reporting mistakes made by my consultant and ask that any applicable fines be waived.

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Mark Ellis this the 2 day of MARCH

20 06 to certify which, witness my hand and seal of office.

Ramona Little      Ramona Little      Notary  
 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**

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Southwest Airlines Co. Freedom Fund

ADDRESS (number and street) P. O. Box 36611, HDQ 4GA

Check if different than previously reported. (ACC)

Dallas TX 75235 1811

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00341802

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Quarterly Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2003 through 10 31 2003

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

Type or Print Name of Treasurer G. Lorena Olivas Glenn

Signature of Treasurer Electronically Filed by G. Lorena Olivas Glenn Date 11 19 2003

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (in Full)  
Southwest Airlines Co. Freedom Fund

Full Name (Last, First, Middle Initial) <b>A. Mark Ellis</b>		Transaction ID: SB29.5642 Date of Disbursement 10 / 24 / 2003	
Mailing Address 7915 Leader		Amount of Each Disbursement this Period 250.00	
City Houston State TX Zip Code 77036	Purpose of Disbursement Houston City Council Candidate At Lrg 1		
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Carol Mims Galloway</b>		Transaction ID: SB29.5544 Date of Disbursement 10 / 30 / 2003	
Mailing Address 4810 Lavender		Amount of Each Disbursement this Period 250.00	
City Houston State TX Zip Code 77026	Purpose of Disbursement Houston City Council Candidate Dist B		
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Mark Goldberg</b>		Transaction ID: SB29.5546 Date of Disbursement 10 / 30 / 2003	
Mailing Address 56 Waugh Drive, #160		Amount of Each Disbursement this Period 250.00	
City Houston State TX Zip Code 77007	Purpose of Disbursement Houston City Council Candidate Dist C		
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ..... 750.00  
 TOTAL This Period (last page this line number only) .....