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 | OFFICE USE ONLY<br>Date Received |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: MS. FIRST: Carol MI:<br>NICKNAME: LAST: alvarado SUFFIX: | |
| 4 ORIGINAL REPORT TYPE | ☐ January 15 ☐ Runoff ☐ Other (specify)<br>☒ July 15 ☐ Exceeded $500 limit<br>☐ 30th day before election ☐ 15th day after treasurer appointment (officeholder only)<br>☐ 8th day before election ☐ Final report | Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Legal Totals<br>Date Processed<br>Date Imaged |
| 5 ORIGINAL PERIOD COVERED | Month Day Year: 01/01/05 THROUGH Month Day Year: 06/30/05 | |

RECEIVED FEB 28 2006 CITY SECRETARY

6 EXPLANATION OF CORRECTION - Documentation for an out-of-state PAC was mistakenly not attached.
- We mistakenly failed to report actual payees for two expenditures made from personal funds. These expenditures were originally reported as part of a reimbursement to Carol Alvarado in the next report - 30 Day - This will increase our total expenditures on this report by 882.64

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.

| Tony Campos | Tony Campos | 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**

Revised 09/23/2005

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH COVER SHEET PG 2**

**15** C/OH NAME: Alvarado, Carol (Ms.)

**16** ACCOUNT # (Ethics Commission filers): 1900

**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** | $ 23,112.39 |
| 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) |
|---|---|---|---|
| 3/10/05 | SEIU COPE<br>☒ out-of-state PAC (ID#: 00006403L)<br>6 Contributor address; City; State; Zip Code<br>[redacted]<br>WASHINGTON DC 20005 | $2500.00 | |

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) |
|---|---|---|---|
| | ☐ 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 USE ONLY

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 (number and street) (Check if address is changed)

1313 L Street NW

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

2028988329

2. DATE 02 28 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 28 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 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 _____ - _____ - _____

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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): 1920

| 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 ($) | Reimbursement from political contributions intended |
|---|---|---|---|---|
| 06/27/05 | Caribe Hilton<br>[redacted]<br>San Juan, Puerto Rico 00902 | Hotel Room while in Puerto Rico for the NALEO conference | 540.74 | ☒ |
| 06/29/05 | Southwest Airlines<br>[redacted]<br>Dallas, TX 75235 | Carol Alvarado flew from Houston to LA on 6/30 & back on 7/2 for the Los Angeles Mayoral Inaugural | 341.90 | ☒ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED