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: 48 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Ms. FIRST: Carol MI: NICKNAME: LAST: Alvarado SUFFIX: |
| 4 ORIGINAL REPORT TYPE | ☐ January 15 ☐ Runoff ☐ Other (specify) ☐ July 15 ☐ Exceeded $500 limit ☒ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election ☐ Final report |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 07/01/05 THROUGH Month Day Year 09/29/05 |

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 out-of-state PAC contributions were mistakenly not attached.
- Some reimbursements were mistakenly reported w/o actual payees
- One expenditure from personal funds was originally reported as a reimbursement in a later report. - This will increase total exp by 289.90
- The 717 reimbursement to Carol Alvarado was 1047.94 not 1097.94

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**

Revised 09/23/2005

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME: Alvarado, Carol Lms.

16 ACCOUNT # (Ethics Commission filers): F180

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** | $ 35033.07 |
| 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



Printed on recycled paper

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers): 1980

| 4 Date | 5 Full name of contributor ☒ out-of-state PAC (ID#: 57119) | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 07/22/05 | Citizens for Antonio Munoz | [redacted] Chicago, IL 60609 | $1,000.00 | |

9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions)

| Date | Full name of contributor ☒ out-of-state PAC (ID#: 56077) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 07/22/05 | Citizens for Edward Acevedo | [redacted] Chicago, IL 60608 | $500.00 | |

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

| Date | Full name of contributor ☒ out-of-state PAC (ID#: C00002089) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 08/17/05 | CWA - COPE PCC | [redacted] Washington, DC 20001 | $1,000.00 | |

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) |
|---|---|---|---|---|
| 07/22/05 | Hispanic Democratic Organization | [redacted] Chicago, IL 60601 | $2,500.00 | |

Principal occupation / Job title (See Instructions) | Employer (See Instructions)

| Date | Full name of contributor ☒ out-of-state PAC (ID#: C00158576) | Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|---|
| 08/30/05 | Intnl. Longshoremen's Assoc. Comm. on Political Ed. | [redacted] New York, NY 10004 | $1,000.00 | |

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.**

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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2

2 FILER NAME: Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers): 1980

| 4 Date | 5 Full name of contributor ☒ out-of-state PAC (ID#: C00004036) | 7 Amount of contribution ($) | 8 In-kind contribution description (if applicable) |
|---|---|---|---|
| 08/05/05 | SEIU COPE. | $3,000.00 | |
| | 6 Contributor address; City; State; Zip Code [redacted] | | |
| | Washington, D.C. 20005 | | |

| 9 Principal occupation / Job title (See Instructions) | 10 Employer (See Instructions) |
|---|---|
| | |

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

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

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

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#: ) | Amount of contribution ($) | In-kind contribution description (if applicable) |
|---|---|---|---|
| | 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.**

FORM **D-1**

# STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

RECEIVED
STATE BOARD OF ELECTIONS
1998 JAN -6 PM 12:32
CHICAGO, ILL
60608

THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.

Full name and complete mailing address of Political Committee

Citizens for Antonio "Tony" Munoz
5409 South Nordica
Chicago, Il. 60638

FOR OFFICE USE ONLY
IDENTIFICATION NO.
S 7117

☐ CHECK IF ADDRESS CHANGE

SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS

**1.** DATE COMMITTEE CREATED 12/12/97

**2.** AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED $ 1,950.00

**3.** ☒ NEW COMMITTEE ☐ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES)

**4.** POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION

A — ☐ STATE POLITICAL COMMITTEE ☒ STATE & LOCAL POLITICAL COMMITTEE
☐ LOCAL POLITICAL COMMITTEE

B — IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE:

Cook County

C — THIS COMMITTEE WILL PRIMARILY ☒ SUPPORT ☐ OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE
D — THIS COMMITTEE WILL ☐ SUPPORT ☐ OPPOSE QUESTIONS OF PUBLIC POLICY
E — POLITICAL PARTY AFFILIATION Democrat
F — COUNTY OF RESIDENCE OF CANDIDATE Cook

**5.** PURPOSE(S) OF THE POLITICAL COMMITTEE: To support the candidancy of Antonio "Tony" Munoz for office of State Senator of the State of Illinois

**6.** CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING *

| NAME AND STREET ADDRESS | SUPPORT | OPPOSE | OFFICE | PARTY AFFILIATION |
|---|---|---|---|---|
| Antonio "Tony" Munoz 4671 South Archer Chicago, IL 60632 | X | | State Senate 1st District | Democrat |

* IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS

(THIS FORM MAY BE REPRODUCED)

Printed on Recycled Paper

| NAME OF POLITICAL COMMITTEE | IDENTIFICATION NUMBER |
|---|---|
| STATEMENT OF ORGANIZATION | |

**7. REQUIRED COMMITTEE OFFICERS ***

| POSITION | NAME | STREET ADDRESS AND PHONE NUMBER |
|---|---|---|
| CHAIRMAN | Frank Zefran, Jr. | 1941 West Cermak, Chicago, IL 60608 |
| TREASURER | Michael Ruiz | 5409 South Nordica, Chicago, IL 60638 |

**8. POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS ***

| POSITION | NAME | STREET ADDRESS |
|---|---|---|
| Treasurer | Michael Ruiz | 5409 South Nordica, Chicago, IL 60638 |

**9. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS ***
(IF AMENDING, LIST ALL AS OF TODAY'S DATE)

| NAME | ADDRESS |
|---|---|
| Associated Bank | 200 North LaSalle Street, Chicago, IL 60601 |

**10. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE**

- ☐ RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION
- ☐ TRANSFER TO ANOTHER POLITICAL COMMITTEE _____
- ☒ TRANSFER TO A CHARITABLE ORGANIZATION _____

**VERIFICATION**

I DECLARE THAT THIS STATEMENT OF ORGANIZATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE STATEMENT SHALL BE A FINE NOT TO EXCEED $500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT.

Antonio "Tony" Munoz — 23 DEC 97

SIGNATURE OF TREASURER OR CANDIDATE — DATE

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-765. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO $1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE
RETURN TO:
STATE BOARD OF ELECTIONS
1020 SOUTH SPRING STREET
P.O. BOX 4187
SPRINGFIELD, IL 62708

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES
RETURN ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND COPY TO:
APPROPRIATE COUNTY CLERK

REVISED JULY 1, 1996

STATE BOARD OF ELECTIONS
04 MAY 28 AM 9:02

FORM **D-1**

# STATEMENT OF ORGANIZATION

*PLEASE TYPE OR PRINT IN BLACK INK*

*THIS FORM MAY BE TRANSMITTED BY FAX. THE ORIGINAL MUST BE FORWARDED ON THE DAY OF FAX TRANSMITTAL.*

Full name and complete mailing address of Political Committee

Citizens for Antonio "Tony" Munoz
P.O. Box 09112
Chicago, IL 60609

*FOR OFFICE USE ONLY*
IDENTIFICATION NO.
5 7119-3

☒ CHECK IF ADDRESS CHANGE

SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS

**1.** DATE COMMITTEE CREATED

**2.** AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED $ _____

**3.** ☐ NEW COMMITTEE ☐ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES)

**4.** POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION

A — ☐ STATE POLITICAL COMMITTEE ☐ STATE & LOCAL POLITICAL COMMITTEE
☐ LOCAL POLITICAL COMMITTEE

B — IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE:

C — THIS COMMITTEE WILL PRIMARILY ☐ SUPPORT ☐ OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE
D — THIS COMMITTEE WILL ☐ SUPPORT ☐ OPPOSE QUESTIONS OF PUBLIC POLICY
E — POLITICAL PARTY AFFILIATION _____
F — COUNTY OF RESIDENCE OF CANDIDATE _____

**5.** PURPOSE(S) OF THE POLITICAL COMMITTEE: *

**6.** CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING *

| NAME AND STREET ADDRESS | SUPPORT | OPPOSE | OFFICE | PARTY AFFILIATION |
|---|---|---|---|---|
| | | | | |

* IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS

(THIS FORM MAY BE REPRODUCED)

*Printed on Recycled Paper*

| NAME OF POLITICAL COMMITTEE | IDENTIFICATION NUMBER |
|---|---|
| | S 7119 |

**7.** REQUIRED COMMITTEE OFFICERS *

| POSITION | NAME | STREET ADDRESS AND PHONE NUMBER |
|---|---|---|
| CHAIRMAN | | |
| TREASURER | | |

**8.** POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS *

| POSITION | NAME | STREET ADDRESS |
|---|---|---|
| | | |

**9.** LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS *
(IF AMENDING, LIST ALL AS OF TODAY'S DATE) *

| NAME | ADDRESS |
|---|---|
| | |

**10.** DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE

- ☐ RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION
- ☐ TRANSFER TO ANOTHER POLITICAL COMMITTEE _____
- ☐ TRANSFER TO A CHARITABLE ORGANIZATION _____

**VERIFICATION**

I DECLARE THAT THIS STATEMENT OF ORGANIZATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE STATEMENT SHALL BE A FINE NOT TO EXCEED $500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT.

Antonio Munoz

SIGNATURE OF TREASURER OR CANDIDATE DATE

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO $1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE
RETURN TO:
STATE BOARD OF ELECTIONS
1020 SOUTH SPRING STREET
P.O. BOX 4187
SPRINGFIELD, IL 62708

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES
RETURN ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND COPY TO:
APPROPRIATE COUNTY CLERK

REVISED JULY 1, 1993

FORM **D-1**

# STATEMENT OF ORGANIZATION

*PLEASE TYPE OR PRINT IN BLACK INK*

RECEIVED
JUL 31 1997
STATE BOARD OF ELECTIONS

Full name and complete mailing address of Political Committee

CITIZENS FOR EDWARD ACEVEDO
P.O. BOX 08313
CHICAGO, IL 60608-0313

2P

**FOR OFFICE USE ONLY**
IDENTIFICATION NO.
S 6877-3

☒ CHECK IF ADDRESS CHANGE

SEE GUIDE TO CAMPAIGN DISCLOSURE FOR INSTRUCTIONS

1. DATE COMMITTEE CREATED
OCTOBER 24, 1996

2. AMOUNT OF FUNDS AVAILABLE FOR CAMPAIGN EXPENDITURES AS OF THE DATE THE COMMITTEE WAS CREATED $ -0-

3. ☐ NEW COMMITTEE ☒ AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES)

4. POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE AND PARTY AFFILIATION
A — ☐ STATE POLITICAL COMMITTEE ☒ STATE & LOCAL POLITICAL COMMITTEE
☐ LOCAL POLITICAL COMMITTEE
B — IF THIS IS A LOCAL OR A STATE AND LOCAL POLITICAL COMMITTEE, PLEASE LIST THE COUNTY OR COUNTIES IN WHICH IT WILL OPERATE:

C — THIS COMMITTEE WILL PRIMARILY ☒ SUPPORT ☐ OPPOSE CANDIDATES FOR LOCAL OR STATE OFFICE
D — THIS COMMITTEE WILL ☐ SUPPORT ☐ OPPOSE QUESTIONS OF PUBLIC POLICY
E — POLITICAL PARTY AFFILIATION DEMOCRAT
F — COUNTY OF RESIDENCE OF CANDIDATE COOK

5. PURPOSE(S) OF THE POLITICAL COMMITTEE: *
TO SUPPORT THE CANDIDACNY OF EDWARD ACEVEDO FOR THE OFFICE OF STATE REPRESENTATIVE, 2nd DISTRICT.

6. CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING *

| NAME AND STREET ADDRESS | SUPPORT | OPPOSE | OFFICE | PARTY AFFILIATION |
|---|---|---|---|---|
| EDWARD ACEVEDO<br>2229 W. 19TH STREET<br>CHICAGO, IL 60608 | X | | STATE REPRESENTATIVE | DEMOCRAT |

* IF MORE SPACE FOR INFORMATION IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS

(THIS FORM MAY BE REPRODUCED)

| NAME OF POLITICAL COMMITTEE | IDENTIFICATION NUMBER |
|---|---|
| CITIZENS FOR EDWARD ACEVEDO | S 6877 |

**7. REQUIRED COMMITTEE OFFICERS***

| POSITION | NAME | STREET ADDRESS AND PHONE NUMBER |
|---|---|---|
| CHAIRMAN | FRANK GALLARDO, JR. | 2131 S. ALBANY<br>CHICAGO, IL 60623 773-521-5415 |
| TREASURER | MICHAEL RUIZ | 5409 SOUTH NORIDCA STREET<br>CHICAGO, IL 60638 773-586-7952 |

**8. POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S BOOKS AND ACCOUNTS***

| POSITION | NAME | STREET ADDRESS |
|---|---|---|
| TREASURER | MICHAEL RUIZ | 5409 SOUTH NORIDCA STREET<br>CHICAGO, IL 60638 |

**9. LIST OF ALL FINANCIAL INSTITUTIONS AND OTHER REPOSITORIES OF COMMITTEE FUNDS***
(IF AMENDING, LIST ALL AS OF TODAY'S DATE)

| NAME | ADDRESS |
|---|---|
| ASSOCIATED BANK | 200 NORTH LaSALLE STREET<br>CHICAGO, IL 60601 |

**10. DISPOSITION OF RESIDUAL FUNDS IN THE EVENT OF DISSOLUTION OR TERMINATION OF THE COMMITTEE**

- [x] RETURN TO CONTRIBUTORS IN AMOUNTS NOT TO EXCEED THEIR INDIVIDUAL CONTRIBUTION
- [ ] TRANSFER TO ANOTHER POLITICAL COMMITTEE _____
- [ ] TRANSFER TO A CHARITABLE ORGANIZATION _____

**VERIFICATION**

I DECLARE THAT THIS STATEMENT OF ORGANIZATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE IS A TRUE, CORRECT AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT THE PENALTY FOR WILLFULLY FILING A FALSE STATEMENT SHALL BE A FINE NOT TO EXCEED $500 OR IMPRISONMENT IN A PENAL INSTITUTION OTHER THAN THE PENITENTIARY NOT TO EXCEED 6 MONTHS, OR BOTH FINE AND IMPRISONMENT.

Edward Acevedo — 7/31/97

SIGNATURE OF TREASURER OR CANDIDATE — DATE

THE ILLINOIS STATE BOARD OF ELECTIONS IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTEE AS OUTLINED UNDER PUBLIC ACT 78-1183. DISCLOSURE OF THIS INFORMATION IS REQUIRED. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN A FINE UP TO $1,000.00. THIS FORM IS IN COMPLIANCE WITH THE FORMS MANAGEMENT PROGRAM ACT.

STATE POLITICAL COMMITTEE
RETURN TO:
STATE BOARD OF ELECTIONS
1020 SOUTH SPRING STREET
P.O. BOX 4187
SPRINGFIELD, IL 62708

LOCAL POLITICAL COMMITTEES AND
STATE AND LOCAL POLITICAL COMMITTEES
RETURN ORIGINAL TO:
STATE BOARD OF ELECTIONS
AND COPY TO:
APPROPRIATE COUNTY CLERK

REVISED JULY 1, 1990

08/16/2004 14 : 59

# FEC FORM 1

## STATEMENT OF ORGANIZATION

(See Instructions)

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

CWA-COPE Political Contributions Committee

ADDRESS (number and street) 501 Third Street, NW

(Check if address is changed)

Washington DC 20001 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kwest@cwa-union.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2024941189

2. DATE 08 16 2004

3. FEC IDENTIFICATION NUMBER C C00002089

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 Barbara J. Easterling

Signature of Treasurer Electronically Filed by Barbara J. Easterling Date 08 05 2004

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

Communications Workers of America

Mailing Address 501 Third Street, NW

Washington DC 20001 -

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

CWA-COPE Political Contributions Committee

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: Barbara J. Easterling

Mailing Address: 501 Third Street, NW

Washington | DC | 20001 -

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

Secretary/Treasurer

Telephone number: 202 - 434 - 1100

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: Barbara J. Easterling

Mailing Address: 501 Third Street, NW

Washington | DC | 20001 -

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

Secretary/Treasurer

Telephone number: 202 - 434 - 1100

Full Name of Designated Agent: Michael Grace

Mailing Address: 501 Third Street, NW

Washington | DC | 20001 -

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

Political Director

Telephone number: 202 - 434 - 1100

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.

SunTrust Bank

Mailing Address PO BOX 85024

Washington DC 20001 -

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 ]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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

Local 13000 CWA AFL-CIO

Mailing Address 2124 Race Street

Philadelphia PA 19103

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Local Union

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 ]**

ASSOCIATION OF FLIGHT ATTENDANTS POLITICAL ACTION COMMITTEE (Flight PAC)

Mailing Address 1275 K STREET NW 5TH FLOOR

Washington DC 20005

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 ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | 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.

[ ADDITIONAL ]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | 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 ]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

**Designated Agent** **[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

RECEIVED
FEC MAIL ROOM

2002 JAN 16 P 2:08

Office Use Only

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

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

Hispanic Democratic Organization (HDO) Federal RAC

ADDRESS (number and street) 77 W. Wacker Drive -- Suite 2500

(Check if address is changed)

Chicago IL 60601 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C

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 Gilbert Delgado

Signature of Treasurer Gilbert C Delgado Date 11 30 2001

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 1/01)

FE1AN04 1/01

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) ☐ 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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

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: Michi Pere

Mailing Address: 77 W. Wacker -- Suite 2500

Chicago | IL | 60601 | -

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

Custodian of Records | Telephone number 312 - 456 - 8440

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: Gilbert Deligado

Mailing Address: 77 W. Wacker -- Suite 2500

Chicago | IL | 60601 | -

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

Treasurer | Telephone number 312 - 456 - 8440

Full Name of Designated Agent: Victor Reyes

Mailing Address: 77 W. Wacker -- Suite 2500

Chicago | IL | 60601 | -

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

Assistant Treasurer | Telephone number 312 - 456 - 8440

B. 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 One West Monroe

Chicago | IL | 60603 | -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

12/12/2005 11 : 04

# 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

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION (LAICOPE)

ADDRESS (Check if address is changed)

17 Battery Place

New York | NY | 10004

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

bmcgovern@brandlawgroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027977585

2. DATE 12 12 2005

3. FEC IDENTIFICATION NUMBER C C00158576

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 Robert Gleason

Signature of Treasurer Electronically Filed by Robert Gleason Date 12 12 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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION AFL-CIO COMMITTEE ON POLITICAL EDUCATION
ILA-CO

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number ___ - ___ - ___

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: Robert Gleason

Mailing Address: 17 Battery Place

New York | NY | 10004 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 212 - 425 - 1200

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.

Signature Bank

Mailing Address 71 Broadway

New York NY 10006 -

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 ]**

Wachovia Securities

Mailing Address

200 Campus Drive

Suite 220

Florham Park NJ 07932 - 1007

CITY STATE ZIP CODE

---

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

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent [ ADDITIONAL ]

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

02/24/2005 08 : 44

# FEC FORM 1

## STATEMENT OF ORGANIZATION

(See instructions)

Office 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) 1313 L Street NW

(Check if address is changed)

Washington DC 20005 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

atburger@seiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028988328

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.

[ ADDITIONAL ]

Name of Bank, Depository, etc.

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 380 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

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

# POLITICAL EXPENDITURES

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 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 Amount ($) |
|---|---|---|
| 9/15/05 | Cingular Wireless<br>5505 Glenridge Connector<br>Atlanta, GA 30342 | 232.00 |

8 Purpose of payment (See instructions regarding type of information required.): Cell phone bill paid by James Rodriguez & later reimbursed.

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

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 9/17/05 | La Michoacana Meat Market<br>4717 Telephone Rd<br>Houston, TX 77087 | 102.53 |

Purpose of payment (See instructions regarding type of information required.): Food for meet & greet paid by Lillian Villareal & later reimbursed.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| 7/7/05 | Carol Alvarado<br>9213 E. Ave L<br>Houston, TX 77012 | 1047.94 |

Purpose of payment (See instructions regarding type of information required.): Reimbursement for expenditures reported in Schedule G of this report & of July 15 report.

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

| Date | Payee name / Payee address; City; State; Zip Code | Amount ($) |
|---|---|---|
| | | |

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

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

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

# 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 ($) | Reimbursement from political contributions intended |
|---|---|---|---|---|
| 07/01/05 | The Standard-Downtown LA<br>[redacted]<br>Los Angeles, CA 90071 | Hotel Room for 1 night in LA to attend LA Mayor's Inaugural. | 165.30 | ☒ |
| 9/13/05 (this was originally in the next report) | Southwest Airlines<br>[redacted]<br>Dallas, TX 75235 | Carol Alvarado flew from Houston to Los Angeles on 9/29 & back 9/30 for an LA fundraiser | 289.90 | ☒ |
| 7/20/05 | Southwest Airlines<br>[redacted]<br>Dallas, TX 75235 | Carol Alvarado & James Rodriguez flew from Houston to Chicago 7/21 & back 7/23 for a fundraiser. | 464.80 | ☒ |
| 7/23/05 | Club Quarters Hotel<br>[redacted]<br>Chicago, IL 60603 | Hotel Rooms for Alvarado & Rodriguez in Chicago for a fundraiser. | 617.19 | ☒ |
| Date | Payee name<br>Payee address; City; State; Zip Code | Purpose of expenditure (See instructions regarding type of information required.) | Amount ($) | ☐ Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED