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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers): 1980

2 PAGE #: 1 of 22

OFFICE USE ONLY

Date Received: RECEIVED JAN 17 2006 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Ms. FIRST: Carol MI:

NICKNAME: LAST: Alvarado SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

9213 E. Avenue L.
Houston, TX 77012

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Richard MI:

NICKNAME: LAST: Huff SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1301 McKinney, Suite 5100
Houston, TX 77010

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 651-3626

8 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded $500 limit
- [ ] Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year

10/30/2005 THROUGH 12/31/2005

10 ELECTION

ELECTION DATE: Month Day Year 11/08/2005

ELECTION TYPE: ☐ Primary ☐ Runoff [X] General ☐ Special

11 OFFICE

OFFICE HELD (if any): Houston City Council Dist. I

12 OFFICE SOUGHT (if known): Houston City Council Dist. I

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

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

14 C/OH NAME Alvarado, Carol (Ms.)

15 ACCOUNT # (Ethics Commission filers) 1980

16 NOTICE FROM POLICITAL 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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 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)	$ 34,145.66
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 51,995.38
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 348,763.17
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

18 AFFIDAVIT

NOTARY PUBLIC ROSITA HERNANDEZ Notary Public STATE of TEXAS My Comm. Exp.: 01-22-2006

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said CAROL ALVARADO, this the 17th day of January, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Print name of officer administering oath: Rosita Hernandez | Title of officer administering oath: NOTARY Public

Electronic Filing Version

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 PAGE # Schedule: 1/10 Report: 3/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/2005	3 D/I Pac [redacted] Houston, TX 77027	$500.00	

9 Principal occupation / Job title (See Instructions)

10 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)
11/03/2005	ACS Good Governemnt Committee [redacted] Dallas, TX 75221	$2,500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☒ out-of-state PAC(ID# 00011114) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/28/2005	AFSCME PEOPLE [redacted] Washington, DC 20036	$276.12	Mail Services

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)
10/31/2005	Allen, Rebecca [redacted] Houston, TX 77007	$25.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor ☒ out-of-state PAC(ID# 00011114) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2005	American Federation of State, County and Municipal Employees [redacted] Washington, DC 20036	$2,500.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 PAGE # Schedule: 2/10 Report: 4/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/2005	Andre, Lilibeth [redacted] Houston, TX 77096	$25.00	

9 Principal occupation / Job title (See Instructions)	10 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)
10/31/2005	Blazek & Vetterling, : 2900 Weslayan, Suite 200 Houston [redacted]0 Houston, TX 77027	$250.00	

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)
11/03/2005	Brown, Jeb II [redacted] Houston, TX 77005	$500.00	

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)
11/04/2005	Bustamante, Daniel [redacted] Houston, TX 77023	$50.00	

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)
11/01/2005	Castaneda, Ricardo [redacted] Katy, TX 77450	$500.00	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/10 Report: 5/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/08/2005	Clifford, Cindy [redacted] Houston, TX 77019	$378.82	Food for Election Night

9 Principal occupation / Job title (See Instructions)	10 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)
11/16/2005	Espinedo, Joshua [redacted] Houston, TX 77023	$2,000.00	

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)
10/31/2005	Eureste, Arturo [redacted] Houston, TX 77098	$150.00	

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)
11/03/2005	Gray, James Jr. [redacted] Spring Branch, TX 78070	$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)
11/03/2005	Habib, David [redacted] McLean, VA 22101	$1,000.00	

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

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 PAGE # Schedule: 4/10 Report: 6/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/01/2005	Hiransomboon, Chantana [redacted] Houston, TX 77237	$500.00	

9 Principal occupation / Job title (See Instructions)	10 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)
11/01/2005	Holmes, Ned [redacted] Houston, TX 77007	$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)
10/31/2005	Houston Associated General Contractors PAC [redacted] Houston, TX 77092	$1,000.00	

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

Date	Full name of contributor ☒ out-of-state PAC(ID# C00027342) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2005	I.B.E.W. - C.O.P.E. [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)
10/31/2005	International Assoc. of Plumbing and Mechanical Officials [redacted] Ontario, CA 91761	$500.00	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/10 Report: 7/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor [X] out-of-state PAC(ID# C00128512)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/22/2005	J.P. Morgan Chase & Co. PAC	[redacted] New York, NY 10017	$250.00	

9 Principal occupation / Job title (See Instructions)

10 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)
10/31/2005	King, Sandra	[redacted] Lago Vista, TX 78645	$50.00	

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)
11/05/2005	Linton, Melaney	[redacted] Houston, TX 77006	$40.92	Drinks for E-day

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)
11/05/2005	Linton, Melaney	[redacted] Houston, TX 77006	$58.46	Drinks for E-day

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)
11/05/2005	Linton, Melaney	[redacted] Houston, TX 77006	$96.34	Drinks for E-day

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/10 Report: 8/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/2005	Lusk, Nola [redacted] Houston, TX 77087	$50.00	

9 Principal occupation / Job title (See Instructions)

10 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)
10/31/2005	McDaniel, Pat [redacted] Canyon, TX 79015	$500.00	

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)
10/31/2005	McLane, Drayton Jr. (Mr.) [redacted] Temple, TX 76503	$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)
10/31/2005	Ortiz, Albert [redacted] Houston, TX 77087	$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)
10/31/2005	Owens, Dayna [redacted] Houston, TX 77023	$100.00	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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 PAGE # Schedule: 7/10 Report: 9/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/2005	Parra, Alex [redacted] Katy, TX 77494	$150.00	

9 Principal occupation / Job title (See Instructions)	10 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)
10/31/2005	PBS & J PAC [redacted] Houston, TX 77077	$250.00	

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)
11/01/2005	PHGC Investments [redacted] Houston, TX 77253	$2,000.00	

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)
11/04/2005	Quintanilla, Guadalupe [redacted] Houston, TX 77087	$100.00	

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)
12/23/2005	Richard R. Scott 1991 Trust [redacted] Houston, TX 77229	$1,000.00	

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

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 PAGE # Schedule: 8/10 Report: 10/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/2005	Robertson, Mitch [redacted] Charlotte, NC 28226	$500.00	

9 Principal occupation / Job title (See Instructions)	10 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)
11/02/2005	Rodriguez, Joseph [redacted] Houston, TX 77021	$50.00	

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)
11/01/2005	Rodriguez, Stephen [redacted] Houston, TX 77020	$20.00	

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)
11/01/2005	Saperstein, David [redacted] Houston, TX 77056	$5,000.00	

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)
11/08/2005	SBC Texas Employee Fund [redacted] Austin, TX 78701	$250.00	

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

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 PAGE # Schedule: 9/10 Report: 11/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor [X] out-of-state PAC(ID# C00004036)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/31/2005	SEIU C.O.P.E. 6 Contributor address; City; State; Zip Code [redacted] Washington, DC 20005	$3,000.00	
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)
11/02/2005	Singh, Bobby Contributor address; City; State; Zip Code [redacted] Houston, TX 77041	$1,000.00	
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)
10/31/2005	Sosa, Carmen Contributor address; City; State; Zip Code [redacted] Houston, TX 77087	$25.00	
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)
11/02/2005	Strange, Jon Contributor address; City; State; Zip Code [redacted] Katy, TX 77494	$500.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor [X] out-of-state PAC(ID# C00010470)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/10/2005	Union Pacific Co. Fund for Effective Government Contributor address; City; State; Zip Code [redacted] Washington, DC 20005	$1,000.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/10 Report: 12/22

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers) 1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/2005	Van De Wiele, John 6 Contributor address; City; State; Zip Code [redacted]e Houston, TX 77077	$250.00	

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)
11/04/2005	Villasenor, Debbie Contributor address; City; State; Zip Code [redacted] Houston, TX 77089	$100.00	

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)
10/31/2005	Wallace, Judy Contributor address; City; State; Zip Code [redacted] Houston, TX 77025	$150.00	

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

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 PAGE #
Schedule: 1/10 Report: 13/22

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 ($)
12/02/2005	Alvarado, Carol (Ms.) 9213 E. Ave. L Houston, TX 77012	$222.40

8 Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses - travel.

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 ($)
12/20/2005	Alvarado, Carol (Ms.) 9213 E. Ave. L Houston, TX 77012	$208.92

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses - staff luncheon.

** 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 ($)
11/17/2005	Alvarado, Yolanda (Ms.) 6669 Fairfield Houston, TX 77023	$316.63

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses - Idylwood meet and greet / Tour de Carol event

** 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 ($)
12/05/2005	American Legion Post 472 7599 Avenue C Houston, TX 77012	$100.00

Purpose of payment (See instructions regarding type of information required.)
Donation: Annual Christmas basket program

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/10 Report: 14/22

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 ($)
12/05/2005	Campaign Strategies 3815 Montrose, Suite # 101 Houston, TX 77006	$6,005.92

8 Purpose of payment (See instructions regarding type of information required.)
Phone bank services.

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 ($)
11/04/2005	Campos Communications 816 Ralfallen Houston, TX 77008	$1,138.30

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

** 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 ($)
11/04/2005	Campos Communications 816 Ralfallen Houston, TX 77008	$1,000.00

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

** 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 ($)
11/08/2005	Campos Communications 816 Ralfallen Houston, TX 77008	$5,000.00

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Election Day expenses.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/10 Report: 15/22

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 ($)
12/05/2005	Campos Communications 816 Ralfallen Houston, TX 77008	$2,500.00

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

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 ($)
12/11/2005	Campos Communications 816 Ralfallen Houston, TX 77008	$500.00

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for Election Day expenses.

** 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 ($)
11/02/2005	Cingular Wireless P.O. Box 650574 Dallas, TX 75265-0574	$386.66

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

** 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 ($)
12/30/2005	Cingular Wireless P.O. Box 650574 Dallas, TX 75265-0574	$856.89

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/10 Report: 16/22

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 ($)
12/20/2005	Citizen's Environmental Coalition P.O. Box 27579 Houston, TX 77227-7579	$35.00

8 Purpose of payment (See instructions regarding type of information required.)
Renewal of membership dues.

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 ($)
11/02/2005	Diaz, Orianna 1402 Columbia Houston, TX 77008	$1,500.00

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

** 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 ($)
11/17/2005	Diaz, Orianna 1402 Columbia Houston, TX 77008	$1,359.36

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses: cell phone, materials & mileage.

** 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 ($)
11/17/2005	Diaz, Orianna 1402 Columbia Houston, TX 77008	$857.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

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 PAGE #
Schedule: 5/10 Report: 17/22

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 ($)
11/08/2005	Drexlers BBQ 2020 Dowling Houston, TX 77004	$950.00

8 Purpose of payment (See instructions regarding type of information required.)
Catering - victory party.

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 ($)
11/09/2005	Harris County-Houston AFL-CIO 2506 Sutherland Houston, TX 77023	$25.00

Purpose of payment (See instructions regarding type of information required.)
Rental of Central Labor Hall

** 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 ($)
10/31/2005	Hernandez, Rosie (Ms.) 11881 Gulf Pointe Drive #L21 Houston, TX 77089	$124.54

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses - Halloween Goodie Bags

** 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 ($)
10/31/2005	Jones, Previn (Mr.) 7625 Spinet Houston, TX 77016	$23.80

Purpose of payment (See instructions regarding type of information required.)
Reimbursement for expenses - office supplies.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/10 Report: 18/22

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 ($)
11/29/2005	Knights of Columbus - Council 10591 7439 Ave. K Houston, TX 77011	$100.00

8 Purpose of payment (See instructions regarding type of information required.)
Donation: Annual Christmas basket program

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 ($)
11/08/2005	Mandola's Deli 4105 Leeland Houston, TX 77023	$400.00

Purpose of payment (See instructions regarding type of information required.)
Catering for election day.

** 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 ($)
12/02/2005	MECA 1900 Kane St. Houston, TX 77007	$800.00

Purpose of payment (See instructions regarding type of information required.)
Sponsorship of Pancho Claus performance.

** 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 ($)
10/31/2005	Monarch Printing 6605 McGrew Houston, TX 77087	$432.79

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/10 Report: 19/22

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 ($)
11/02/2005	Monarch Printing 6605 McGrew Houston, TX 77087	$389.43

8 Purpose of payment (See instructions regarding type of information required.)
Printing of postcards and envelopes.

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 ($)
11/09/2005	Partida, Frank (Mr.) 7040 Canal St. Houston, TX 77012	$500.00

Purpose of payment (See instructions regarding type of information required.)
Contract labor - GOTV

** 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 ($)
11/02/2005	Partida and Associates 3303 Louisiana St. Houston, TX 77006	$8,573.04

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

** 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 ($)
11/02/2005	Partida and Associates 3303 Louisiana St. Houston, TX 77006	$7,493.00

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

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/10 Report: 20/22

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 ($)
10/31/2005	Perez, John (Mr.) 7723 Elm St. Houston, TX 77023	$800.00

8 Purpose of payment (See instructions regarding type of information required.)
Contract labor - sign distribution

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 ($)
11/28/2005	Perez, John (Mr.) 7723 Elm St. Houston, TX 77023	$1,630.00

Purpose of payment (See instructions regarding type of information required.)
Contract labor - sign distribution and storage.

** 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 ($)
11/06/2005	Pizza Hut 710 S. Wayside Houston, TX 77023	$77.64

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

** 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 ($)
12/06/2005	Planned Parenthood 3601 Fannin St. Houston, TX 77004	$150.00

Purpose of payment (See instructions regarding type of information required.)
Donation: for annual luncheon.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

as 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 PAGE #
Schedule: 9/10 Report: 21/22

FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers)
1980

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/05/2005	Ramirez Hamburgers c/o Esther Pena 912 76th St. Houston, TX 77012	$111.70

urpose of payment (See instructions regarding type of nformation required.)
atering for blockwalkers.

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 ($)
/09/2005	Rodriguez, James (Mr.) 7814 Moline Houston, TX 77087	$451.30

rpose of payment (See instructions regarding type of formation required.)
imbursement for expenses - cell phone.

** 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 ($)
7/2005	Rodriguez, James (Mr.) 7814 Moline Houston, TX 77087	$921.49

pose of payment (See instructions regarding type of rmation required.)
mbursement for expenses - cell phone.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

ate	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/2005	Sprint Digital 10100 Clay Rd. Houston, TX 77080	$1,246.50

ose of payment (See instructions regarding type of nation required.)
ing of signs.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

Revised 11/05/2003

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 PAGE #
Schedule: 10/10 Report: 22/22

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 ($)
11/04/2005	Sprint Digital 10100 Clay Rd. Houston, TX 77080	$798.34

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

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 ($)
11/02/2005	TTweak 4904 Travis Houston, TX 77002	$2,973.73

Purpose of payment (See instructions regarding type of information required.)
Direct mail and production.

** 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 ($)
12/15/2005	US Postmaster 1000 Heights Blvd Houston, TX 77008	$1,036.00

Purpose of payment (See instructions regarding type of information required.)
Postage for Alvarado Christmas card.

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:
Office sought:
Office held:

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

American Federation of State, County and Municipal Employees

ADDRESS (number and street) 1625 L Street, N.W.

(Check if address is changed)

Washington, DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. **FEC IDENTIFICATION NUMBER ▶** C 00011114

4. IS THIS STATEMENT 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 William Lucy

Signature of Treasurer William Lucy Date 04 23 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)

FE1AN046.PDF

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

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

Mailing Address

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

Riggs National Bank

Mailing Address 1800 M Street, N.W.

Washington, DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address 1825 K Street, N.W.

Washington, DC 20006

CITY ▲ STATE ▲ ZIP CODE ▲

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

015806

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

1972 MAY 22 PM 1:05

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Mailing address and ZIP code: 1125 - 15th Street, N. W.
Washington, D. C. 20005

Date of this registration: May 19, 1972

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
I.B.E.W.	1125 - 15th Street, N. W. Washington, D. C. 20005	
Federal Election Commission ID#	C00027342	

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

3. Area, Scope and Jurisdiction of the Committee:

(a) Will this committee operate in more than one State? Yes

(b) Will it operate on a statewide basis in one State? Yes

(c) Will it primarily support candidates seeking State or local office? No

(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? Yes

B.R. ELECTION FORM

7200007094 2

INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Will Support A Number of Candidates As Determined From Time To Time			

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A. Number Of Candidates As Determined From Time to Time			

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Will Support A Number of Candidates As Determined From Time To Time			

5. If this committee is supporting the entire ticket of a party, give name of party: Non-Applicable

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
Joseph D. Keenan	1125 - 15th Street, N. W. Washington, D. C. 20005	Secretary Treasurer

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
Charles H. Pillard	1125 - 15th Street, N. W. Washington, D. C. 20005	Chairman

NOTE: Additional information on separate continuation sheets appropriately labeled and attached to this statement may be furnished if more space than provided on separate pages is required.

8. Does this committee plan to stay in existence beyond the current calendar year? Yes If so, how long? Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? Non-Applicable

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, repository, etc.	Mailing address and ZIP code
The First National Bank of Washington	Washington, D. C.

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

~~STATE OF~~ District of Columbia

County of _____ ss.

I, Joseph D. Keenan (Full Name of Treasurer of Political Committee), being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Joseph D. Keenan (Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 19th day of May, A.D. 19 72.

Frances Mariett (Notary Public) District of Columbia

[SEAL]

My commission expires ~~My Commission Expires July 31, 1973~~ 19.

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

07/09/2004 12 : 57

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

FEC USE ONLY

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

J. P. Morgan Chase & Co. PAC

ADDRESS (number and street)

270 Park Avenue

X (Check if address is changed)

21st Floor

New York | NY | 10017 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M D D Y Y Y Y 07 09 2004

3. FEC IDENTIFICATION NUMBER C C00128512

4. IS THIS STATEMENT NEW (N) OR X 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 Bridget Lawless

Signature of Treasurer Electronically Filed by Bridget Lawless Date M M D D Y Y Y Y 07 09 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

J.P. Morgan Chase & Co.

Mailing Address 270 Park Avenue

21st Floor

New York NY 10017 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

J. P. Morgan Chase & Co. PAC

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: Bridget Lawless

Mailing Address: 270 Park Avenue
21st Floor
New York NY 10017

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

Treasurer

Telephone number 212 - 270 - 0774

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: Bridget Lawless

Mailing Address: 270 Park Avenue
21st Floor
New York NY 10017

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

Treasurer

Telephone number 212 - 270 - 0774

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.

JPMorgan Chase Bank Branch #134

Mailing Address

401 Madison Avenue

New York NY 10017 -

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]

J. P. Morgan Chase & Co. State & Federal Political Action Committee

Mailing Address 270 Park Avenue

21st Floor

New York NY 10017

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

X 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]

J. P. Morgan Chase & Co. Federal Political Action Committee

Mailing Address 270 Park Avenue

21st Floor

New York NY 10017

CITY STATE ZIP CODE

Relationship Affiliated Committee

Type of Connected Organization:

X 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: Erica Pope

Mailing Address: 21 S. Clark Street

18th Floor

Chicago | IL | 60603

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

Telephone number: 312 - 732 - 5952

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

stburger@seiu.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028988329

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 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 _____ - _____ - _____

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 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 _____ - _____ - _____

11/06/2003 15:48

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

Union Pacific Corp. Fund for Effective Government

ADDRESS (Number and Street) (Check if address is changed)

600 18th St., NW

Suite 340

Washington | DC | 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

0-

2. DATE M M D D Y Y Y Y 11 06 2003

3. FEC IDENTIFICATION NUMBER C C00010470

4. IS THIS STATEMENT NEW (N) OR X 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 Ms. Mary E. McAuliffe

Signature of Treasurer Electronically Filed by Ms. Mary E. McAuliffe Date M M D D Y Y Y Y 11 06 2003

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

Union Pacific Corporation

Mailing Address 1416 Dodge Street

Omaha NE 68179 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected Organization

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Union Pacific Corp. Fund for Effective Government

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: Ms. Katie W. Maness

Mailing Address: 600 13th Street NW
Suite 340

Washington | DC | 20005 -
CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

Telephone number: 0 - -

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: Ms. Mary E. McAuliffe

Mailing Address: 600 13th Street NW
Suite 340

Washington | DC | 20005 -
CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 202 - 662 - 0140

Full Name of Designated Agent: Ms. Katie W. Maness

Mailing Address: 600 13th Street NW, Suite 340

Washington | DC | 20005 -
CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

Telephone number: 202 - 662 - 0140

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.

Wells Fargo Bank Nebraska

Mailing Address Post Office Box 3408

Omaha NE 68103 -

CITY ▲ STATE ▲ ZIP CODE ▲