

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # <u>1980</u>		2 Total pages filed: <u>3</u>		OFFICE USE ONLY Date Received	
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR <u>MS</u> FIRST <u>Carol</u> MI NICKNAME LAST <u>Alvarado</u> SUFFIX					
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Receipt # Amount	
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year <u>10/30/05</u> <u>12/31/05</u>		Legal Totals	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

Several expenditures were left off the report. We were unaware of this mistake until 1/12/07.

7 AFFIDAVIT

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

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder: [Signature]

Sworn to and subscribed before me by Carol Alvarado this the 15 day of JAN

20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] TONY CAMPOS, Notary Public, State of Texas, Baytown, Texas

Signature of officer administering oath: [Signature] TONY CAMPOS, Notary Public, State of Texas, Baytown, Texas

Notary Seal: TONY CAMPOS, Notary Public, State of Texas, Commission Expires MARCH 18, 2009

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

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

15 C/OH NAME

Carol Alvarado

16 ACCOUNT # (Ethics Commission Filers)

1980

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

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

\$ 52,030.52

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.

Carol Alvarado

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME Carol Alvarado 3 ACCOUNT # (Ethics Commission filers)
1980

4 Date <u>12/8/05</u>	5 Payee name <u>King Dollar</u>	7 Amount (\$) <u>11.91</u>
6 Payee address; City; State; Zip Code <u>6969 Gulf Freeway HOUSTON, TX 77087</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>Mother's Day Bags pd by Graci Garces & reimbursed</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date <u>12/13/05</u>	Payee name <u>King Dollar</u>	Amount (\$) <u>9.74</u>
Payee address; City; State; Zip Code <u>6969 Gulf Fwy Houston, TX 77087</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Mother's Day Bags pd by Graci Garces & reimbursed</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date <u>12/21/05</u>	Payee name <u>King Dollar</u>	Amount (\$) <u>19.49</u>
Payee address; City; State; Zip Code <u>6969 Gulf Fwy Houston, TX 77087</u>		

Purpose of payment (See instructions regarding type of information required.) <u>Mother's Day Bags pd by Graci Garces & reimbursed</u> <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED