

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 1980		2 Total pages filed: 4		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MSY MRS / MR <input checked="" type="radio"/>	FIRST CAVOI	MI	Date Received
		NICKNAME	LAST ALVAVADO	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	Totals
		1 / 1 / 06		4 / 30 / 06	

6 EXPLANATION OF CORRECTION

Several expenditures were mistakenly left off the report. We were unaware of this mistake until 1/12/07 when preparing the Jan 15th report.

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.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by **CAVOI ALVAVADO** this **15** day of **JAN**

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

[Signature] TONY CAMPOS
Signature of officer administering oath

NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES **MARCH 18, 2009**

[Signature] TONY CAMPOS
Title of officer administering oath

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)

1930

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
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> 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

\$37,423.90

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
2 FILER NAME CAROL ALVARADO		3 ACCOUNT # (Ethics Commission filers) 1930
4 Date 4/10/06	5 Payee name Hilton	7 Amount (\$) 153.60
6 Payee address; City; State; Zip Code 815 MAIN ST. FORT WORTH, TX 76102		
8 Purpose of payment (See instructions regarding type of information required.) Hotel @ State Dem convention paid by Yolanda Alvarado & (if travel outside of Texas, complete Schedule T) reimbursed		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/23/06	Payee name Povras Bakery	Amount (\$) 76.80
Payee address; City; State; Zip Code 6301 MARKET ST. HOUSTON, TX 77020		
Purpose of payment (See instructions regarding type of information required.) Council Pasty Day paid by Graci Garces & will be (if travel outside of Texas, complete Schedule T) reimbursed		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/12/06	Payee name The Flower Garden II	Amount (\$) 105.33
Payee address; City; State; Zip Code 4917 FANNIN ST. HOUSTON, TX 77004		
Purpose of payment (See instructions regarding type of information required.) Mother's Day Flowers pd. by Graci Garces & reimbursed (if travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 5/14/05	Payee name FANNIN FLOWERS I	Amount (\$) 28.09
Payee address; City; State; Zip Code 4303 FANNIN HOUSTON, TX 77004		
Purpose of payment (See instructions regarding type of information required.) Mother's Day Flowers pd. by Graci Garces & reimbursed (if travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Carol Alvarado

3 ACCOUNT # (Ethics Commission file#)

1980

4 Date

6/13/00

5 Payee name

Walmart

7 Amount (\$)

41.22

6 Payee address; City; State; Zip Code

2727 Dunvale
Houston, TX 77063

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

FATHER'S DAY gifts pd.
by Carol Alvarado & will be reimbursed
(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/15/00

Payee name

Walmart

Amount (\$)

15.48

Payee address; City; State; Zip Code

2727 Dunvale
Houston, TX 77063

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

FATHER'S DAY gifts pd.
by Carol Alvarado & will be reimbursed
(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

6/20/00

Payee name

Walmart

Amount (\$)

38.00

Payee address; City; State; Zip Code

2727 Dunvale
Houston, TX 77063

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

FATHER'S DAY gifts pd.
by Carol Alvarado & will be reimbursed
(If travel outside of Texas, complete Schedule T)

** 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.)

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED