Texas Ethics Commission	P.O. Box 12070	Austin, Texas 78	711-2070		(512)463-5800	1-800-325-850
t e	OFFICEHOLI					RM C/OH HEET PG 1
The C/OH Instruction Gui	DE explains how to comple	ete this form.	1 ACCOU (Ethics C	JNT # Commission filers)	2 PAGE # 1 of 26	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Carol		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST Alvarado		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT 9213 E. Avenue L. Houston, TX 77012	'/SUITE#; (CITY:	STATE; ZIP CODE	Date Hand-deliven	ed or Date Postmarked
5 CAMPAIGN	MS/MRS/MR Mr.	FIRST Richard		М	Date Processed	<u>, </u>
TREASURER NAME	NICKNAME	LAST Huff		SÚFFIX	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (NO PO BO) 1301 McKinney; Suite Houston, TX 77010	•	TE #,	CITY; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (713) 651-3626	ONE NUMBER		EXTENSION		
8 REPORT TYPE	X January 15	30th day before elect	tion	Runoff	15th day after appointment (campaign treasurer officeholder only)
	July 15	8th day before election	on 🔲	Exceeded \$500 limit	Final report (4	Attach C/OH - FR)
9 PERIOD COVERED	Month Day Yes 07/01/2006	ar THRO	UGH	Month Da		
10 ELECTION	ELECTION DATE	ELECTION TY	PE			
	Month Day Yea			Runoff	General	Special
11 OFFICE	OFFICE HELD (if any)		12	OFFICE SOUGHT (if kno	own)	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expending Candidates are required to discussions.					
BY OTHER INDIVIDUALS	Name		:		i.	
additional pages	Address/PO Bax; Apt. / Suite	#; City; State; 2	Zip Code			
	<u></u>	GO TO I	PAGE 2			

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **CANDIDATE / OFFICEHOLDER REPORT:** FORM C/OH SUPPORT & TOTALS COVER SHEET PG 2 14 C/OH NAME Alvarado, Carol (Ms.) 15 ACCOUNT # (Ethics Commission filers) 1980 .. 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 16 NOTICE FROM information only if they receive notice of such expenditures. . **POLITICAL** COMMITTEE NAME COMMITTEE(S) COMMITTEE TYPE GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED 0.00 **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 0.00 **EXPENDITURE** TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** 0.00 **TOTAL POLITICAL EXPENDITURES** 24,658.19 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE **BALANCE** 317,328.49 LAST DAY OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD LOAN TOTALS 0.00 **18 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. TONY CAMPOS 1518 W Humble Baytown, Texas 77520 animation of the section of Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE to certify which, witness my hand and seal of office. TONY CAMPOS NOTARY PUBLIC, STATE OF TEXAS Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

COLORO CO

POLITI	POLITICAL EXPENDITURES						
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 1/2	24 Report: 3/26		
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT # 1980	(Ethics Commission filers)		
4 Date	5 Payee name A L F Houston/Gulf Coa		-	7 Amount (\$)			
08/15/2006 6 Payee address; City; State; Zip Code 3101 Richmond Ave., Suite 140 Houston, TX 77098					\$100.0	00	
8 Purpose of par (See instruction Annual Mem	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder	••	
□ Payment fo	or travel outside Texas (complete	hoves 40 46)	Office sought:				
	n(s) traveling on whose behalf the			onal pages if necess	sary)		
					·		
11 Departure city / location 12 Departure date			13 Destination city / k	ocation	14 Arrival date		
15 Means of trans	portation .	<u></u>	16 Purpose of travel				
4 Date	5 Payee name B & G Printing				7 Amount (\$)		
09/08/2006	6 Payee address; C 9500 Westview Houston, TX 77055	City; State; Zip Code			\$189.4	J5 	
	rment ns regarding type of information nally paid by Campos Commi		9 ** Complete if direct Candidate / Officehold		I efit Candidate/Officeholder	•	
☐ Raymont fo	r travel outside Texas (complete	house 10 16\	Office sought: Office held:				
	n(s) traveling on whose behalf th			onal pages if necess	sary)		
11 Departure city / location 12 Departure date			13 Destination city / lo	ocation	14 Arrival date	14 Arrival date	
15 Means of transportation			16 Purpose of travel				
		J					

POLITI	POLITICAL EXPENDITURES				SCHEDULE F		
The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 2/2	24 Report: 4/26		
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980	(Ethics Commission filers)		
4 Date 5 Payee name B & G Printing				,,	7 Amount (\$)		
10/12/2006 6 Payee address; City; State; Zip Code 9500 Westview Houston, TX 77055				•••••	\$422.82		
Printing for bi	I yment ns regarding type of information irthday invitation originally pa ions and reimbursed	required.) aid by Campos	9 · · Complete if direct Candidate / Officehol	expenditure to bend der name:	efit Candidate/Officeholder ••		
Payment for travel outside Texas (complete boxes 10-16)			Office held:				
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	onal pages if necess	sary)		
11 Departure city / location 12 Departure date			13 Destination city / lo	ocation	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Boy Scout Troop 1496				7 Amount (\$)		
10/19/2006	6 Payee address; C 9217 E Avenue L Houston, TX 77012	city; State; Zip Code			\$35.00		
8 Purpose of pay (See instruction Fiesta Dinner	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold	expenditure to bene ler name:	fit Candidate/Officeholder **		
_			Office sought:				
	r travel outside Texas (complete n(s) traveling on whose behalf th		Office held: was made (attach addition	nal pages if necess	ary)		
11 Departure situ	Inaction	42 Danadura data	42 5				
11 Departure city / location 12 Departure date			13 Destination city / location 14 Arrival date				
15 Means of transportation			16 Purpose of travel				
					·		
			,				

POLITI	POLITICAL EXPENDITURES						
The Instruction	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 3/24 Report: 5/26			
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980	(Ethics C	Commission filers)	
4 Date	5 Payee name Campos Communicatio			7	Amount (\$)		
07/20/2006		City; State; Zip Code				\$2,500.00	
8 Purpose of payment (See instructions regarding type of information required.) Consultation Fee July 9 ** Complete if direct expenditure to Candidate / Officeholder name:				t expenditure to bene der name:	I——— efit Cand	idate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	location	13 Destination city / k	13 Destination city / location 14 Arrival date				
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name Campos Communication	ns			7	Amount (\$)	
09/19/2006	6 Payee address; C 816 Ralfallen Houston, TX 77008	lity; State; Zip Code				\$2,500.00	
8 Purpose of pay (See instruction Consultation	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehold		fit Candi	date/Officeholder **	
			Office sought:				
	r travel outside Texas (complete		Office held: was made (attach addition	onal pages if necess	ary)		
			, and the second				
11 Departure city / location 12 Departure date			13 Destination city / lo	ecation		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
		I					

The Instruction Guize explains how to complete this form. 1 PAGE # Schedule: 4/24 Report: 6/26 2 HILER NAME: Alvarado, Carol (Ms.) 3 ACCOUNT # (Ebica Commission filers) 10/06/2006 4 Date	POLITI	POLITICAL EXPENDITURES					CHEDULE F
1980 1980	The Instruction	ON GUIDE explains how to comp	plete this form.				
10/06/2006 Campos Communications Campos Communic	2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT # (Ethics Commission filers)		
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee September 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel 27 Amount (\$) 11/15/2006 6 Payee name Campos Communications City: State: Zip Code 816 Ralfallen Houston, TX 77008 8 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name: Office sought:		Campos Communicatio				7	(\$)
Candidate / Office holds Candidate / Office holds							
Payment for travel outside Texas (complete boxes 10-16)	(See instructions regarding type of information required.) Candidate / Officeholder name:				efit Cand	idate/Officeholder	
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 15 Means of transportation 16 Purpose of travel 7 Amount (\$) 11/15/2006 6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008 8 Purpose of payment (See instructions regarding type of information required.) delivery services 9 *** Complete if direct expenditure to benefit Candidate/Officeholder *** Candidate / Office hold: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	☐ Payment fo	or travel outside Texas (complete	-				
15 Means of transportation 16 Purpose of travel 17 Amount (\$) 11/15/2006 6 Payee address; City; State; Zip Code 816 Ralifallen Houston, TX 77008 8 Purpose of payment (See instructions regarding type of information required.) delivery services 9 **Complete if direct expenditure to benefit Candidate/Officeholder **Candidate / Office hold: Office sought: Office hold: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	sary)	
4 Date 5 Payee name 7 Amount (\$) 11/15/2006 6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date 13 Destination city / location 14 Arrival date 15 Destination city / location 15 Destination city / location 16 Destination city / location 17 Destination city / location 18 Destination city / location 19 Dest	11 Departure city / location 12 Departure date 13 Destination city / location			ocation		14 Arrival date	
Campos Communications (\$) 11/15/2006 6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008 9 *** Complete if direct expenditure to benefit Candidate/Officeholder *** Candidate / Officeholder name: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	15 Means of trans	portation		16 Purpose of travel			· ,
8 Purpose of payment (See instructions regarding type of information required.) delivery services 9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	4 Date	5 Payee name Campos Communicatio	ns			7	
(See instructions regarding type of information required.) delivery services Office sought: Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	11/15/2006	816 Ralfallen	city; State; Zip Code			:	\$50.00
Payment for travel outside Texas (complete boxes 10-16) Office held: 10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) 11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival date	(See instructio	ns regarding type of information	required.)			I	idate/Officeholder **
11 Departure city / location	☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	1			
	10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)	
15 Means of transportation 16 Purpose of travel	11 Departure city /	/ location	13 Destination city / location 14 Arrival date			14 Arrival date	
	15 Means of trans	portation	16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES							
The Instructi	ION GUIDE explains how to comp	plete this form.		1	1 PAGE # Schedule: 5/24 Report: 7/26			
2 FILER NAME	Alvarado, Carol (Ms.)			3	ACCOUNT#		Commission filers)	
4 Date	5 Payee name Campos Communicatio	ns			.,	7	Amount (\$)	
11/15/2006 6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008						\$25.00		
8 Purpose of payment (See instructions regarding type of information required.) copies 9 ** Complete if direct expenditure to beneficiate / Officeholder name:					efit Cano	didate/Officeholder		
			Office sought:					
Payment for travel outside Texas (complete boxes 10-16) Office held:								
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addition	onal	pages if necess	sary)	—	
11 Departure city / location 12 Departure date			13 Destination city / to	ocat	ion	 -	14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				<u></u>	
4 Date	5 Payee name Campos Communication	ns	7 Amount (\$)					
12/20/2006	6 Payee address; C 816 Ralfallen Houston, TX 77008	City; State; Zip Code					\$2,500.00	
8 Purpose of pay (See instruction Consultation	ns regarding type of information i	required.)	9 * Complete if direct Candidate / Officehold			fit Cand	idate/Officeholder **	
Payment fc	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
<u> </u>	n(s) traveling on whose behalf the		was made (attach addition	 onal	pages if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / location				14 Arrival date	
15 Means of transp		16 Purpose of travel						
					· · · · · ·			

POLITI	CAL EXPENDIT	TURES			(0.2)	<u>s</u>	CHEDULE F	
The Instructi	ON GUIDE explains how to com	plete this form.		1	1 PAGE # Schedule: 6/24 Report: 8/26			
2 FILER NAME	Alvarado, Carol (Ms.)			3	ACCOUNT# 1980	(Ethics 0	Commission filers)	
4 Date	5 Payee name Casa Ramirez			L		7	Amount (\$)	
10/24/2006	6 Payee address; (241 West 19th Houston, TX 77008	City; State; Zip Code		••			\$12.99	
	yment ons regarding type of information op for speech paid by Campo		9 * Complete if direct Candidate / Officehold	t exp der	penditure to ben name:	efit Cano	lidate/Officeholder	
Payment for travel outside Texas (complete boxes 10-16)			Office held:					
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach additi	ona	l pages if neces	sary)		
11 Departure city	11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of trans	portation	<u> </u>	16 Purpose of travel				<u> </u>	
4 Date	5 Payee name Costco		<u> </u>			7	Amount (\$)	
07/31/2006	6 Payee address; C 1150 Bunker Hill Rd Houston, TX 77055	City; State; Zip Code					\$60.53	
	ns regarding type of information National Night Out paid by Gr		9 · · Complete if direct Candidate / Officehold			I efit Cand	idate/Officeholder ••	
Rayment fo	or travel outside Texas (complete	hover 10 15)	Office sought: Office held:					
	n(s) traveling on whose behalf th	·	<u> </u>	onal	pages if necess	sary)		
11 Departure city /	/ location	12 Departure date	13 Destination city / lo	cat	ion		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel					

POLITI	POLITICAL EXPENDITURES						
The Instructi	ON GUIDE explains how to com	plete this form.		1 PAGE # Schedule: 7/24 Report: 9/26			
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980	Commission filers)		
4 Date	5 Payee name Exxon				7 Amount (\$)		
09/22/2006 6 Payee address; City; State; Zip Code 5959 Las Colinas Boulevard Irving, TX 75039						\$24.28	
Gas for Rent	yment ns regarding type of information car for Austin Trip paid by C ions and reimbursed	9 ** Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:					
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			•	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date			13 Destination city / le	ocation		14 Arrival date	
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name FedEx Kinkos		7 Amount (\$)				
08/07/2006	6 Payee address; C 10670 Northwest Freew Houston, TX 77092	ity; State; Zip Code ay				\$17.08	
	ment ns regarding type of information y Campos Comm. and reimb		9 · · Complete if direct Candidate / Officehold		I efit Candi	date/Officeholder	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additio	onal pages if necess	агу)	!	
11 Departure city / location 12 Departure date			13 Destination city / location			14 Arrival date	
15 Means of transportation			16 Purpose of travel		!		
		•					

POLITI	POLITICAL EXPENDITURES					1-800-325-850 CHEDULE F
The Instruction	on Guide explains how to comp	plete this form.		1 PAGE # Schedule: 8/2	 24 Repr	ort: 10/26
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980		Commission filers)
4 Date	5 Payee пате FedEx Kinkos				7	Amount (\$)
08/20/2006	6 Payee address; C 10670 Northwest Freew Houston, TX 77092	City; State; Zip Code	:			\$15.08
8 Purpose of pay (See instruction copies paid by	I yment ons regarding type of information by Campos Comm. and reimb	9 · · Complete if direct Candidate / Officehol	t expenditure to bend der name:	l efit Cand	idate/Officeholder	
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional pages if necess	ary)	
11 Departure city /	location	12 Departure date	13 Destination city / k	ocation		14 Arrival date
15 Means of trans	portation		16 Purpose of travel			
4 Date	5 Payee name Harris County Tejano De	emocrats			7	Amount (\$)
09/19/2006	6 Payee address; C 1445 N. Loop West, Sui Houston, TX 77008	City; State; Zip Code		·		\$300.00
8 Purpose of pay (See instruction Sponsorship	ns regarding type of information r	required.)	9 Complete if direct Candidate / Officehold		fit Candi	date/Officeholder **
			Office sought:			
	or travel outside Texas (complete		Office held: was made (attach addition	onal pages if necess	агу)	
11 Departure city / location 12 Departure date			13 Destination city / location			14 Arrival date
15 Means of transp	portation		16 Purpose of travel			

POLITICAL EXPENDIT		S	CHEDULE F			
The Instruction Guide explains how to com	plete this form.		1 PAGE # Schedule: 9/24 Report: 11/26			
2 FILER NAME Alvarado, Carol (Ms.)	11 - 1	<u>-</u>	3 ACCOUNT # (Ethics Commission filers) 1980			
4 Date 5 Payee name Henderson, Don 12/11/2006 6 Payee address; 703 Mosby Circle Houston, TX 77007			7	Amount (\$) \$250.00		
Purpose of payment (See instructions regarding type of information Contribution Returned Payment for travel outside Texas (complete)	9 ** Complete if direct Candidate / Officehol Office sought:	t expenditure to bene der name:	I efit Cand	idate/Officeholder		
	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
11 Departure city / location	12 Departure date	13 Destination city / location			14 Arrival date	
15 Means of transportation		16 Purpose of travel			, ,	
	City; State; Zip Code			7	Amount (\$) \$100.00	
8 Purpose of payment (See instructions regarding type of information Contribution Returned	: required.)	9 ** Complete if direct Candidate / Officehold		efit Candi	date/Officeholder **	
Payment for travel outside Texas (complete 10 Name of person(s) traveling on whose behalf th		Office sought: Office held: was made (attach addition	onal pages if necess	ary)		
	12 Departure date				44	
11 Departure city / location	13 Destination city / location 14 Arrival date			14 Arrival date		
15 Means of transportation	16 Purpose of travel					

POLITICAL EXPEN	POLITICAL EXPENDITURES						
The Instruction Guide explains how to	complete this form.		1 PAGE # Schedule: 10/24 Report: 12/26				
2 FILER NAME Alvarado, Carol (Ms.,		-	3 ACCOUNT # (Ethics Commission filers) 1980				
4 Date 5 Payee name Hertz				7 Amount (\$)			
09/21/2006 6 Payee address; 2120 Louisiana St Houston, TX 7700		•	.,	\$55.73			
8 Purpose of payment (See instructions regarding type of inform rent car for Austin trip paid by Camp and reimbursed		9 · · Complete if direc Candidate / Officehol Office sought:	t expenditure to bend der name:	efit Candidate/Officeholder			
Payment for travel outside Texas (con	Office held:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation		16 Purpose of travel					
4 Date 5 Payee name Houston Hispanic	Fire Fighter Caucus			7 Amount (\$)			
10/14/2006 6 Payee address; 1907 Freeman Houston, TX 7700	City; State; Zip Code			\$50.00			
8 Purpose of payment (See instructions regarding type of inform Christmas Party	ation required.)	9 · · Complete if direct Candidate / Officehole		efit Candidate/Officeholder **			
_		Office sought:	•				
Payment for travel outside Texas (cor 10 Name of person(s) traveling on whose bel	<u> </u>	Office held: was made (attach addition	onal pages if necess	ary)			
	12 Departure date						
11 Departure city / location	13 Destination city / location		14 Arrival date				
15 Means of transportation	16 Purpose of travel						
-		<u> </u>					

POLITI	POLITICAL EXPENDITURES				<u>s-5600</u>	CHEDULE F	
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 11/	'24 Rep	port: 13/26	
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980	(Ethics C	commission filers)	
4 Date 5 Payee name Houston Professional Fire Fighters Local 341					7	Amount (\$)	
09/06/2006	6 Payee address; C 1907 Freeman Street Houston, TX 77009			1	\$100.00		
8 Purpose of pay (See instruction Golf Tournam	ns regarding type of information	9 · · Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder		
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	загу)		
11 Departure city / location 12 Departure date 1			13 Destination city / le	ocation		14 Arrival date	
15 Means of trans	portation		16 Purpose of travel				
4 Date	5 Payee name King Dollar				7	Amount (\$)	
07/31/2006	6 Payee address; C 9373 Richmond Ave. Houston, TX 77063	lity; State; Zip Code				\$10.83	
	ns regarding type of information National Night Out - paid by G		9 ** Complete if direct Candidate / Officehold		fit Candi	date/Officeholder ••	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
	n(s) traveling on whose behalf th		I was made (attach additio	onal pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / Id	ocation		14 Arrival date	
15 Means of transp	cortation		16 Purpose of travel		j		
			I	= .			

POLITI	POLITICAL EXPENDITURES						CHEDULE F
The Instructi	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 12/24 Report: 14/26			
2 FILER NAME	Alvarado, Carol (Ms.)			3	ACCOUNT # 1980	(Ethics (Commission filers)
4 Date	Date 5 Payee name Kroger				7	Amount (\$)	
08/06/2006 6 Payee address; City; State; Zip Code 5150 Buffalo Speedway Houston, TX 77005					\$30.77		
8 Purpose of payment (See instructions regarding type of information required.) Council Pastry Day - Fruit - Paid by Previn Jones and was reimbursed 9 *** Complete if direct expenditure to be Candidate / Officeholder name:					penditure to ben name:	efit Cano	didate/Officeholder
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:							
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city / location				14 Arrival date
15 Means of transportation 16 Purpose of tra			16 Purpose of travel				·
4 Date	5 Payee name Kroger					7	Amount (\$)
10/24/2006	6 Payee address; C 5150 Buffalo Speedway Houston, TX 77005	City; State; Zip Code	\$2 ⁴			\$24.99	
•	ns regarding type of information kfast - Fruit - Paid by Jerom		9 ** Complete if direct Candidate / Officehole			<u>I</u> efit Cand	idate/Officeholder
			Office sought:				
	or travel outside Texas (complete	<u> </u>	Office held: was made (attach additi	onal	pages if necess	ary)	
11 Departure city	location	12 Departure date	e 13 Destination city / location				14 Arrival date
15 Means of trans	portation		16 Purpose of travel				
		·			· ···		

POLITICAL EXPENDITURES						DULE F
The Instruction	วง Guide explains how to comp	olete this form.		1 PAGE # Schedule: 13/	/24 Report: 1	5/26
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# 1980	(Ethics Commiss	sion filers)
4 Date	4 Date 5 Payee name McNair, Robert				7 Ar	mount (\$)
12/11/2006 6 Payee address; City; State; Zip Code Reliant Stadium, Two Reliant Park Houston, TX 77054						\$1,500.00
Purpose of payment (See instructions regarding type of information required.) Contribution Return 9 ** Complete if direct expenditure to ben Candidate / Officeholder name:					I efit Candidate/0	Officeholder ••
Payment fo	or travel outside Texas (complete	Office sought:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	sary)	
11 Departure city /	11 Departure city / location 12 Departure date 13 Destination city / location			14 A	лгival date	
15 Means of transportation			16 Purpose of travel			
4 Date	5 Payee name Monarch Printing		<u> </u>			nount (\$)
09/08/2006	6 Payee address; C 6605 McGrew Houston, TX 77087	ity; State; Zip Code				\$234.09
	ment ns regarding type of information by Campos Communications		9 · · Complete if direct Candidate / Officehold		 efit Candidate/C	fficeholder **
Payment for	r travel outside Texas (complete	boxes 10-16)	Office sought: Office held:			
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addition	onal pages if necess	ary)	
11 Departure city / location 12 Departure date			13 Destination city / ic	ocation	14 A	rrival date
15 Means of transportation			16 Purpose of travel		L	

POLITI	POLITICAL EXPENDITURES							CHEDULE F	
The Instructi	ION GUIDE explains how to comp	olete this form.			PAGI Sche		1/24 Re	port: 16/26	
2 FILER NAME	Alvarado, Carol (Ms.)				ACC	DUNT#	(Ethics (Commission filers)	
4 Date	5 Payee name Monarch Printing		,,				7	Amount (\$)	
09/08/2006	6605 McGrew Houston, TX 77087					\$260.29			
(See instruction	Purpose of payment (See instructions regarding type of information required.) Printing paid by Campos Communications and reimbursed 9 ** Complete if direct expenditure to ben Candidate / Officeholder name:					nefit Cano	lidate/Officeholder		
Office sought: Payment for travel outside Texas (complete boxes 10-16) Office held:									
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach additi	ional	page	if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / location					14 Arrival date	
15 Means of trans	portation		16 Purpose of travel					<u>.</u>	
4 Date	5 Payee name Monarch Printing						7	7 Amount (\$)	
09/11/2006	6 Payee address; C 6605 McGrew Houston, TX 77087	city; State; Zip Code						\$275.55	
State of the D	yment yment yns regarding type of information y District Programs paid by Can ions and reimbursed		9 * Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:					idate/Officeholder	
□ Pavment fc	or travel outside Texas (complete	hoxes 10-16)	Office sought: Office held:						
	n(s) traveling on whose behalf the		Lwas made (attach addition	onal p	pages	if neces	sary)		
11 Departure city /	11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival d					14 Arrival date			
15 Means of transp	portation		16 Purpose of travel						

POLITICAL EXPENDITURES						\$	SCHEDULE F	
The Instruction	ION GUIDE explains how to comp	plete this form.		1		GE# nedule: 1	5/24 Re	port: 17/26
2 FILER NAME	Alvarado, Carol (Ms.)			3	AC 19	COUNT #	(Ethics	Commission filers)
4 Date	5 Payee name NALEO			<u>i</u>			7	Amount (\$)
11/03/2006	11/03/2006 6 Payee address; City; State; Zip Code 1122 W. Washington Blvd. Los Angeles, CA 90015					\$100.00		
8 Purpose of pay (See instruction Membership	ons regarding type of information	required.}	9 · · Complete if direct Candidate / Officehol				enefit Can	didate/Officeholder
☐ Payment for travel outside Texas (complete boxes 10-16) Office held:			Office sought: Office held:					
·	on(s) traveling on whose behalf th	·	was made (attach additi	ional	pag	es if nece	essary)	
11 Departure city	/ location	12 Departure date	13 Destination city / k	ocati	ion		<u></u>	14 Arrival date
15 Means of transportation 16 Purpo								<u> </u>
4 Date	5 Payee name Office Max	ys delicated and a					7	Amount (\$)
10/18/2006	6 Payee address; C 1576 West Gray Houston, TX 77019	City; State; Zip Code		•••	•••			\$41.11
	yment ons regarding type of information der paid by Campos Communi		9 · · Complete if direct Candidate / Officehold				nefit Cano	lidate/Officeholder **
□ Doumant fo	1 Anida Tayan (complete	1 40 401	Office sought: Office held:					
	or travel outside Texas (complete on(s) traveling on whose behalf th		1.	ional	pag	es if nece	ssary)	
11 Departure city /	/ location	12 Departure date	13 Destination city / lo	 ocatio	on			14 Arrival date
15 Means of transp	portation		16 Purpose of travel			·		
			L					

POLITI	s	CHEDULE F					
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 16/	24 Rep	oort: 18/26	
2 FILER NAME	Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980				
5 Payee name Office Max 11/02/2006 6 Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019					7	7 Amount (\$) \$33.06	
Nametags fo and reimburs	ns regarding type of information r bday party paid by Campos	9 ** Complete if direct Candidate / Officehol Office sought: Office held:		efit Cand	idate/Officeholder		
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	location	12 Departure date	13 Destination city / k	14 Arrival date			
15 Means of transportation			16 Purpose of travel				
4 Date 5 Payee name Parsee, Ray 10/06/2006 6 Payee address; City; State; Zip Code 2239 Beaver Bend Ct Houston, TX 77088					7	Amount (\$) \$1,000.00	
	ment ns regarding type of information Istars Band at Birthday Party		9 · · Complete if direct Candidate / Officehold		efit Candi	idate/Officeholder	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel v	was made (attach additi	onal pages if necess	ary)		
11 Departure city i	location	12 Departure date	13 Destination city / to	ocation	•	14 Arrival date	
15 Means of transportation			16 Purpose of travel				

POLITICAL EXPENDIT		S	CHEDULE F				
The INSTRUCTION GUIDE explains how to comp	plete this form.		1 PAGE# Schedule: 17/2	24 Rep	ort: 19/26		
2 FILER NAME Alvarado, Carol (Ms.)			3 ACCOUNT # (Ethics Commission filers) 1980				
4 Date 5 Payee name Parsee, Ray					7 Amount (\$)		
11/03/2006 6 Payee address; City; State; Zip Code 2239 Beaver Bend Ct Houston, TX 77088					\$1,000.00		
Purpose of payment (See instructions regarding type of information required.) Allstars Band at Birthday Party Event 9 ** Complete if direct expenditure to ben Candidate / Officeholder name:					date/Officeholder **		
Payment for travel outside Texas (complete	Office sought:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation		16 Purpose of travel					
4 Date 5 Payee name Planned Parenthood				7	Amount (\$)		
10/05/2006 6 Payee address; 3601 Fannin St. Houston, TX 77004	city; State; Zip Code				\$250.00		
8 Purpose of payment (See instructions regarding type of information Donation for 70th Anniversary Event	required.)	9 * Complete if direct expenditure to benefit Candidate/Officeholder Candidate / Officeholder name:					
		Office sought: Office held:					
Payment for travel outside Texas (complete 10 Name of person(s) traveling on whose behalf the			onal pages if necess	агу)			
11 Departure city / location	12 Departure date	13 Destination city / k	ocation		14 Arrival date		
15 Means of transportation	16 Purpose of travel						

POLITICAL EXPENDITURES						CHEDULE F	
The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE# Schedule: 18/2	24 Rep	ort: 20/26	
2 FILER NAME	Alvarado, Carol (Ms.)	 -		3 ACCOUNT # 1980			
4 Date	5 Payee name Sambuca			i	7	Amount (\$)	
11/03/2006	11/03/2006 6 Payee address; City; State; Zip Code 909 Texas Houston, TX 77002					\$6,087.75	
8 Purpose of payment (See instructions regarding type of information required.) Catering for Birhtday Party event. 9 ** Complete if direct expendence of Candidate / Officeholder national Candidate / Officehold					fit Candi	date/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	location	12 Departure date	13 Destination city / I		14 Arrival date		
15 Means of transportation			16 Purpose of travel				
4 Date 09/21/2006	5 Payee name Shell 6 Payee address; C 910 Louisiana St Houston, TX 77002	ity; State; Zip Code			7	Amount (\$) \$15.04	
Gas for rent of	rment ns regarding type of information car for Austin trip paid by Car ons and reimbursed	required.) npos	9 · · Complete if direct Candidate / Officehol Office sought:		l fit Candi	date/Officeholder **	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person	n(s) traveting on whose behalf th	e expenditure for travel	was made (attach additi	onal pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city / h	ocation	·	14 Arrival date	
15 Means of transportation			16 Purpose of travel				

POLITICAL EXPENDITURES					s	CHEDULE F		
The Instruction	ON GUIDE explains how to comp	elete this form.		1 PAGE # Schedule: 20/24 Report: 22/26				
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT# (Ethics Commission filers) 1980				
4 Date 5 Payee name St. Alphonsus Catholic Church					7	Amount (\$)		
08/06/2006 6 Payee address; City; State; Zip Code 9201 E Avenue L. Houston, TX 77012						\$160.00		
8 Purpose of par (See instruction Church baza	ns regarding type of information	9 · · Complete if direct Candidate / Officehol		fit Cand	idate/Officeholder			
☐ Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	location	12 Departure date	13 Destination city / location 14 Arrival d					
15 Means of transportation			16 Purpose of travel					
4 Date	5 Payee name Texas Ethics Commission	on			7	Amount (\$)		
10/14/2006	6 Payee address; C 201 East 14th St., 10th Austin, TX 78701	ity; State; Zip Code Floor				\$500.00		
8 Purpose of pay (See instruction Order/Agreed	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officehol		fit Cand	idate/Officeholder **		
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	I was made (attach additi	onal pages if necess	ary)			
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arrival				14 Arrival date				
15 Means of trans	portation		16 Purpose of travel					

POLITI	(512)46		1-800-325-8506					
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PAGE # Schedule: 21/	24 Rep	port: 23/26		
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT # (Ethics Commission filers) 1980				
4 Date	5 Payee name US Postmaster				7	Amount (\$)		
08/07/2006 6 Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008					i	\$22.85		
	yment ns regarding type of information I by Campos Communication	9 ** Complete if direct Candidate / Officehol		efit Cand	idate/Officeholder			
☐ Payment fo	or travel outside Texas (complete	Office sought: Office held:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city / location				14 Arrival date				
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name US Postmaster				7	Amount (\$)		
09/01/2006	6 Payee address; C 1050 Yale Houston, TX 77008	city; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		\$78.00		
	ment ns regarding type of information by Campos Communication		9 · · Complete if direct Candidate / Officehole		fit Candi	date/Officeholder ••		
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:					
	n(s) traveling on whose behalf th		! was made (attach additi	onal pages if necess	ary)			
11 Departure city / location 12 Departure date 13 Destination city				ocation 14 Arrival date				
15 Means of transportation			16 Purpose of travel					
	·				<u>.</u>			

POLITI	POLITICAL EXPENDITURES						
The Instruction	N Guide explains how to comp	elete this form.		1 PAGE # Schedule: 22/	24 Report: 24/26		
2 FILER NAME	Alvarado, Carol (Ms.)			3 ACCOUNT # (Ethics Commission filers) 1980			
4 Date	4 Date 5 Payee name US Postmaster				7 Amount (\$)		
09/05/2006 6 Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008					\$156.00		
,	yment ns regarding type of information I by Campos Communication	, ,	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				
15 Means of transportation 16 Purpose of travel							
4 Date	5 Payee name US Postmaster				7 Amount (\$)		
10/12/2006	6 Payee address; C 1050 Yale Houston, TX 77008	City; State; Zip Code			\$390.00		
	yment ns regarding type of information by Campos Communication		9 ** Complete if direc Candidate / Officehol		fit Candidate/Officeholder **		
□ Payment fo	or travel outside Texas (complete	a hoves 10-16)	Office sought: Office held:				
	n(s) traveling on whose behalf the	<u> </u>	was made (attach addit	ional pages if necess	sary)		
11 Departure city	/ location	12 Departure date	te 13 Destination city / location 14 Arrival date .				
15 Means of trans	portation		16 Purpose of travel				

POLITICAL EXPENDITURES						S	CHEDULE F	
The Instruction	ON GUIDE explains how to comp	plete this form.		1 PA	GE# hedule: 23/	24 Rep	port: 25/26	
2 FILER NAME	Alvarado, Carol (Ms.)			3 AC		(Ethics C	Commission filers)	
4 Date 10/14/2006	5 Payee name US Postmaster 6 Payee address; 0	city; State; Zip Code				7	Amount (\$) \$14.40	
	1050 Yale Houston, TX 77008	ny, outo, zipoode						
	ns regarding type of information I to Austin paid by Campos C		9 * Complete if direct Candidate / Officehol			efit Cand	idate/Officeholder **	
Office sought Payment for travel outside Texas (complete boxes 10-16) Office held:			Office sought:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city	/ location	12 Departure date	ate 13 Destination city / location				14 Arrival date	
15 Means of trans		16 Purpose of travel						
4 Date	5 Payee name US Postmaster					7	Amount (\$)	
10/18/2006	6 Payee address; C 1050 Yale Houston, TX 77008	ity; State; Zip Code					\$195.00	
	ment ns regarding type of information by Campos Communication		9 · · Complete if direct Candidate / Officehold			fit Cand	idate/Officeholder	
П- и			Office sought:					
	or travel outside Texas (complete n(s) traveling on whose behalf th		Office held: was made (attach addition	onal pag	es if necess	ary)		
11 Departure city / location 12 Departure date 13 Destination city / location 14 Arriva				14 Arrival date				
15 Means of transportation			16 Purpose of travel					
	,							

Texas Ethics Commission P.O. Box 12070 Austin. Texas 78711-2070 (512) 463-5800 1-800-325-8506 IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N Сон-ис сон-т SPAC-T 6 Dates of travel 7 Name of person(s) traveling 12/3/04-8 Departure city or name of departure location 9 Destination city or name of destination location 11 Purpose of travel (including name of conference, 10 Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-T SPAC-T Schedule H Schedule N ☐ COH-UC 🔲 сон-т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N □ сон-т PAC-T SPAC-T COH-UC Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED