

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

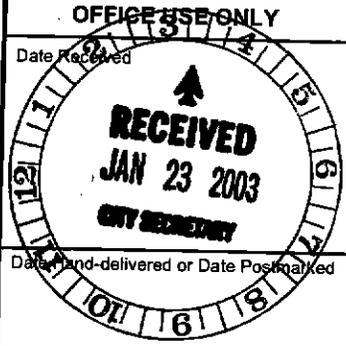
The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
5375

2 Total pages this report:
1/14

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Ms. Carol
NICKNAME LAST SUFFIX
Alvarado



4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
9213 E. Avenue L
Houston TX 77012
 Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Mr. Richard D.
NICKNAME LAST SUFFIX
Huff

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1301 McKinney, Ste. 5100
Houston TX 77010

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 651-3626

8 REPORT TYPE

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
07/01/2002 12/31/2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Other -- City Council

13 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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ms. Carol Alvarado

15 ACCOUNT # (Ethics Commission filers)
5375

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 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) \$ 0.00

EXPENDITURE TOTALS

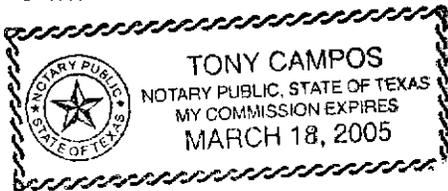
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 5564.98

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

19 AFFIDAVIT



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.

Carol Alvarado

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carol Alvarado, this the 23rd day Of January 2003, to certify which, witness my hand and seal of office.

Tony Campos
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 report:
3/142 FILER NAME
Ms. Carol Alvarado3 ACCOUNT # (Ethics Commission filers)
53754 Date
09/27/20025 Payee name
A & E Products7 Amount
(\$)
43.956 Payee address; City; State; Zip Code
4235 Richmond
Houston TX 770278 Purpose of expenditure (See instructions regarding type of
information required.)
poster production9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/10/2002Payee name
American Legion Post 472Amount
(\$)
100.00Payee address; City; State; Zip Code
7599 Ave. C
Houston TX 77012Purpose of expenditure (See instructions regarding type of
information required.)
Donation - needy family Christmas basketsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
12/13/2002Payee name
Mr. Carlos AyalaAmount
(\$)
12.00Payee address; City; State; Zip Code
7809 Brumblay St.
Houston TX 77012Purpose of expenditure (See instructions regarding type of
information required.)
Reimbursement for expensesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
08/19/2002Payee name
B & G PrintingAmount
(\$)
149.93Payee address; City; State; Zip Code
9500 Westview, STE. 109
Houston TX 77055Purpose of expenditure (See instructions regarding type of
information required.)
Printing of stationeryComplete 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 Total pages report:
4/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
08/14/2002

5 Payee name
Mr. George Biggs

7 Amount
(\$)
75.03

6 Payee address; City; State; Zip Code
3123 Bammel
Houston TX 77098

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

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

Date
08/19/2002

Payee name
Campos Communications

Amount
(\$)
259.80

Payee address; City; State; Zip Code
816 Ralfallen
Houston TX 77008

Purpose of expenditure (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
12/19/2002

Payee name
Campos Communications

Amount
(\$)
316.65

Payee address; City; State; Zip Code
816 Ralfallen
Houston TX 77008

Purpose of expenditure (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
09/16/2002

Payee name
Christy's Do-Nuts

Amount
(\$)
8.90

Payee address; City; State; Zip Code
1103 W. Gray
Houston TX 77019

Purpose of expenditure (See instructions regarding type of information required.)
Do-nuts for meeting

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 Total pages report:
5/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
08/05/2002

5 Payee name
Cingular Wireless

7 Amount
(\$)
79.42

6 Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

8 Purpose of expenditure (See instructions regarding type of information required.)
Blackberry device

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

Date
08/05/2002

Payee name
Cingular Wireless

Amount
(\$)
232.20

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

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

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

Date
08/26/2002

Payee name
Cingular Wireless

Amount
(\$)
44.58

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

Purpose of expenditure (See instructions regarding type of information required.)
Blackberry service

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

Date
08/26/2002

Payee name
Cingular Wireless

Amount
(\$)
345.65

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

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

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 Total pages report:
6/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission files)
5375

4 Date
09/27/2002

5 Payee name
Cingular Wireless

7 Amount
(\$)
228.15

6 Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

8 Purpose of expenditure (See instructions regarding type of information required.)
Cell phone

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

Date
11/14/2002

Payee name
Cingular Wireless

Amount
(\$)
297.60

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

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

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

Date
12/10/2002

Payee name
Cingular Wireless

Amount
(\$)
140.26

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

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

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

Date
12/10/2002

Payee name
Cingular Wireless

Amount
(\$)
473.49

Payee address; City; State; Zip Code
2321 N. University
Lubbock TX 79415

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

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 Total pages report:
7/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
09/13/2002

5 Payee name
Combined Municipal Campaign

7 Amount
(\$)
100.00

6 Payee address; City; State; Zip Code
900 Bagby, 1st Floor
Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Charity donation

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

Date
08/26/2002

Payee name
Disabled American Veterans

Amount
(\$)
50.00

Payee address; City; State; Zip Code
P.O. Box 20626
Houston TX 77225-0626

Purpose of expenditure (See instructions regarding type of information required.)
BBQ Benefit Donation

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

Date
07/30/2002

Payee name
Ms. Estela Esparza

Amount
(\$)
50.00

Payee address; City; State; Zip Code
7200 Keller
Houston TX 77012

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship Melcher Library Summer Reading Party

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

Date
12/18/2002

Payee name
Ms. Martha Galvan

Amount
(\$)
50.00

Payee address; City; State; Zip Code
900 Bagby, 1st Floor
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Catering pastry day

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 Total pages report:
8/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date 08/26/2002	5 Payee name Harris County Democrats	7 Amount (\$) 25.00
6 Payee address; City; State; Zip Code 1302 Waugh Houston TX 77019		

8 Purpose of expenditure (See instructions regarding type of information required.) Membership Dues	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/18/2002	Payee name Harris County Tejano Democrats	Amount (\$) 175.00
Payee address; City; State; Zip Code 3715 North Main Houston TX 77009		

Purpose of expenditure (See instructions regarding type of information required.) Advertising for Roast & Toast event	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/07/2002	Payee name Houston Livestock Show and Rodeo	Amount (\$) 53.93
Payee address; City; State; Zip Code P.O. Box 20070 Houston TX 77225-0070		

Purpose of expenditure (See instructions regarding type of information required.) Council Rodeo Ad	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 11/13/2002	Payee name Inner City Nutcracker	Amount (\$) 100.00
Payee address; City; State; Zip Code P.O. Box 541733 Houston TX 77254-1733		

Purpose of expenditure (See instructions regarding type of information required.) Sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
9/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date 10/24/2002	5 Payee name Klockwork Band	7 Amount (\$) 500.00
6 Payee address; City; State; Zip Code 13035 Bamboo Forest Houston TX 77044		

8 Purpose of expenditure (See instructions regarding type of information required.) Entertainmnet - Holy Name Family Clinic Event	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 09/23/2002	Payee name MECA	Amount (\$) 40.00
Payee address; City; State; Zip Code 1900 Krane Houston TX 77007		

Purpose of expenditure (See instructions regarding type of information required.) Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 10/16/2002	Payee name Minute Man Press	Amount (\$) 212.29
Payee address; City; State; Zip Code 5555 Richmond Houston TX 77056		

Purpose of expenditure (See instructions regarding type of information required.) Invites Holy Name Family Clinic Event	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 07/17/2002	Payee name Mrs. Marjorie Montemayor	Amount (\$) 31.67
Payee address; City; State; Zip Code 909 Wescott Apt. 337 Houston TX 77007		

Purpose of expenditure (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
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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
10/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
08/06/2002

5 Payee name
Mrs. Marjorie Montemayor

7 Amount
(\$)
90.51

6 Payee address; City; State; Zip Code
909 Wescott Apt. 337
Houston TX 77007

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

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

Date
10/18/2002

Payee name
Mrs. Marjorie Montemayor

Amount
(\$)
25.97

Payee address; City; State; Zip Code
909 Wescott Apt. 337
Houston TX 77007

Purpose of expenditure (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
10/29/2002

Payee name
Mrs. Marjorie Montemayor

Amount
(\$)
116.86

Payee address; City; State; Zip Code
909 Wescott Apt. 337
Houston TX 77007

Purpose of expenditure (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
11/07/2002

Payee name
Mrs. Marjorie Montemayor

Amount
(\$)
50.00

Payee address; City; State; Zip Code
909 Wescott Apt. 337
Houston TX 77007

Purpose of expenditure (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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report:
11/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date 08/26/2002	5 Payee name NALEO	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code 500 Citadel Dr., Suite 120 Los Angeles CA 90040		

8 Purpose of expenditure (See instructions regarding type of information required.)
Membership dues

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

Date 10/24/2002	Payee name Office of Constable Victor Trevino	Amount (\$) 100.00
Payee address; City; State; Zip Code 333 Lockwood Houston TX 77011		

Purpose of expenditure (See instructions regarding type of information required.)
Donation - Annual Golf Tournament

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

Date 11/12/2002	Payee name Office of Mayor Pro-Tem Gordon Quan	Amount (\$) 100.00
Payee address; City; State; Zip Code 900 Bagby, 1st Floor Houston TX 77002		

Purpose of expenditure (See instructions regarding type of information required.)
Share for coffee lounges

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

Date 09/18/2002	Payee name Ortiz Memorial Fund	Amount (\$) 100.00
Payee address; City; State; Zip Code 7007 Harrisburg Houston TX 77012		

Purpose of expenditure (See instructions regarding type of information required.)
Donation to memorial fund

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 Total pages report:
12/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
08/17/2002

5 Payee name
Porras Prontito, Inc.

7 Amount
(\$)
74.80

6 Payee address; City; State; Zip Code
6301 Market St.
Houston TX 77020

8 Purpose of expenditure (See instructions regarding type of information required.)
Council pastry day

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

Date
12/10/2002

Payee name
Re-Ward Third Ward

Amount
(\$)
70.00

Payee address; City; State; Zip Code
3202 Truelly Ave.
Houston TX 77004

Purpose of expenditure (See instructions regarding type of information required.)
Community recognition luncheon

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

Date
11/25/2002

Payee name
Reyna's Florist

Amount
(\$)
102.84

Payee address; City; State; Zip Code
903 75th St.
Houston TX 77011

Purpose of expenditure (See instructions regarding type of information required.)
Flower constituent funeral

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

Date
09/13/2002

Payee name
Mr. James Rodriguez

Amount
(\$)
50.00

Payee address; City; State; Zip Code
7814 Moline
Houston TX 77087

Purpose of expenditure (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

POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report:
13/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
11/08/2002

5 Payee name
Rosa's Flower Shop

7 Amount
(\$)
52.50

6 Payee address; City; State; Zip Code
7505 Laredo
Houston TX 77020

8 Purpose of expenditure (See instructions regarding type of information required.)
Flowers for constituent funeral

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

Date
07/17/2002

Payee name
SHAPE Community Center - Freedom Tour

Amount
(\$)
100.00

Payee address; City; State; Zip Code
P.O. Box 8428
Houston TX 77288-8428

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship for Freedom Tour

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

Date
10/17/2002

Payee name
US Postmaster

Amount
(\$)
111.00

Payee address; City; State; Zip Code
Downtown Branch
Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)
Postage - Holy Name Family Clinic event

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

Date
08/07/2002

Payee name
Wesley Chapel AME Church

Amount
(\$)
150.00

Payee address; City; State; Zip Code
2209 Dowling St.
Houston TX 77003

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship for anniversary celebration

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 Total pages report:
14/14

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
07/20/2002

5 Payee name
Women in Municipal Government

7 Amount
(\$)
25.00

6 Payee address; City; State; Zip Code
1301 Pennsylvania Ave.
Washington D.C. TX 20004

8 Purpose of expenditure (See instructions regarding type of information required.)
Membership dues

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