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 Total pages this report: 1/28

OFFICE USE ONLY

Date Received

RECEIVED OCT 2 2003 CITY SECRETARY

Date Hand Delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Ms. FIRST: Carol MI:

NICKNAME: LAST: Alvarado SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 9213 E. Avenue L APT / SUITE #: CITY: STATE: ZIP CODE:

Houston TX 77012

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: Richard D. MI:

NICKNAME: LAST: Huff SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 1301 McKinney, Suite 5100 APT / SUITE #: CITY: STATE: ZIP CODE:

Houston TX 77010

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 651-3626 EXTENSION:

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: 07/01/2003 THROUGH Month Day Year: 09/25/2003

10 ELECTION

ELECTION DATE Month Day Year: 11/04/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Other -- City Council

12 OFFICE SOUGHT (if known):

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

(Effective 12/16/1999)

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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	$ 0.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 58,103.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 12,932.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD cash on hand	$130,586.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

19 AFFIDAVIT

CHRISTOPHER MAYS
Notary Public, State of Texas
My Commission Expires
July 11, 2007

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 Carol Alvarado, this the 6th day of October, 20 03, to certify which, witness my hand and seal of office.

Christopher M. Mays — Christopher M. Mays — Notary

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath

Revised 09/01/2003

Printed on recycled paper

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 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
09/24/200[redacted]	Mr. James Acevedo [redacted]	2000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/03/2003	Mr. Othman Ahmad [redacted]	750.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/2003	Ms. Mary Almendarez [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/200[redacted]	Gregorio and Patsy Arcizo [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
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)
07/24/2003	Ms. Paula Arnold [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

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1 Total pages this report: 4/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
08/14/2003	Keiji Asakura [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. Jack Baylis [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/22/2003	Bill Garcia Insurance Agency [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/2003	Ms. Barbara Booth [redacted]	75.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/11/2003	Mr. Eric Boutte [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 5/28

2 FILER NAME
Ms. Carol Alvarado

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)
09/05/2003	Ms. Cristina Cabral [redacted]	25.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
09/24/2003	Ms. Norma Cardenas [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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)
09/22/2003	Mr. John Chiang [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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)
09/08/2003	Ms. Melba Clark [redacted]	50.00	

Principal occupation (Optional)	Employer (Optional)

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)
09/25/2003	Mr. David Cobb [redacted]	500.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

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)
08/04/2003	Mr. Robert Cohen [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

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)
09/25/2003	Mr. Jose Cornejo [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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)
07/01/2003	Mr. Lawrence Curry Jr. [redacted]	35.00	
Principal occupation (Optional)		Employer (Optional)	

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)
09/07/2003	Mr. Lawrence Curry Jr. [redacted]	20.00	
Principal occupation (Optional)		Employer (Optional)	

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)
08/14/2003	Fadi Dally [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 7/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
08/15/2003	Mr. Peter De La Mora [redacted]	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/21/2003	Mr. Felipe Devora [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. John Ek [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/09/2003	William Fendley [redacted]	250.00	
Principal occupation (Optional)		Employer (Optional)	
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)
09/09/2003	Mr. J.R. Fillip [redacted]	35.00	
Principal occupation (Optional)		Employer (Optional)	

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 8/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
07/06/2003	Mr. Stephen Fraga [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	Mr. Robert Fretz [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/20/2003	Mr. Robert Fretz Jr. [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/2003	Mr. Adrian Garcia [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
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)
07/28/2003	Ms. Olivia Garza [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
08/14/2003	Mr. Mohamed Gire [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/2003	Mr. Alberto Gonzalez [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	H A A Better Governement Fund [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/01/2003	HCEC GAC PAC [redacted]	658.50	
Principal occupation (Optional)	Employer (Optional)		
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)
09/07/2003	Ms. Toy B. Halsey [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 10/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
09/07/2003	Mr. Nick Hiran [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Mr. Donald Horn [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/02/2003	J.P. Morgan Chase & Co. State and Federal PAC [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/05/2003	JYC Partners [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
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)
08/07/2003	Mr. James Jamal [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 11/28

2 FILER NAME
Ms. Carol Alvarado

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)
07/02/2003	Mr. William D Kvinta [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
09/22/2003	Kase Lawal [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
07/01/2003	Linebarger Goggan Blair & Sampson,LLP [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
09/03/2003	Mr. D. Fred Martinez [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		
09/25/2003	Mr. Richard Meruelo [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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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)
07/16/2003	Mr. Eugenio Mesta [redacted]	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
09/25/2003	Mr. Christopher Modrzejewski Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
07/18/2003	Daryl Moore Contributor address; City; State; Zip Code [redacted]	150.00	
Principal occupation (Optional)	Employer (Optional)		
09/25/2003	Mr. Jerry Neuman Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
08/06/2003	Mr. and Mrs. Roberto and Hilda Obregon Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

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)
09/25/2003	Mr. Gerard Orozco [redacted]	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

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)
07/02/2003	PHCG Investments [redacted]	2500.00	
Principal occupation (Optional)		Employer (Optional)	

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)
08/14/2003	Paisano Interests [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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)
09/25/2003	Paisano Interests [redacted]	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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)
09/07/2003	Mr. Jim Palavan [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 14/28

2 FILER NAME
Ms. Carol Alvarado

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)
09/07/2003	RR Paseman [redacted]	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

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)
09/19/2003	Paseo Sepulveda Equities,LLC [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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)
09/16/2003	Barbara Paull [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

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)
08/14/2003	Ms. Doylene Perry [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

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)
08/29/2003	Mr. Jack Perry [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 15/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
08/29/2003	Ms. Stefani Perry [redacted]	5000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/23/2003	Mr. Thomas Peters [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/07/2003	Manuel and Nelly Quijano [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/15/2003	Mr. Jerome Rose [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
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)
07/01/2003	Mr. Jeff Ross [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 16/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission files)
1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
08/14/2003	Mourhaf and Lina Sabouni [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/17/2003	Mr. Epi Salazar [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/25/2003	Mr. James Santa Maria [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/18/2003	Sparks-Barlow-Barnett [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
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)
09/25/2003	Mr. Jeffrey Springer [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 17/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
07/16/2003	Mr. David Starr [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/15/2003	Sohail Syed [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/22/2003	TREPAC / Texas Association of Realtors PAC [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/14/2003	Mr. Rahim Tazehzadeh [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
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)
08/23/2003	Ms. Tammy Tran [redacted]	2000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/28

2 FILER NAME
Ms. Carol Alvarado

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)
09/07/2003	Robert Trojanowski [redacted]	100.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

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)
09/10/2003	Turner,Collie and Braden PAC [redacted]	500.00	

Principal occupation (Optional) | Employer (Optional)

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)
09/07/2003	Mr. Eddie Vara [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

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)
09/06/2003	Ms. Mary Vargo [redacted]	25.00	

Principal occupation (Optional) | Employer (Optional)

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)
09/07/2003	Ms. Elena Vergara [redacted]	100.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 19/28

2 FILER NAME
Ms. Carol Alvarado

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 ($)	8 In-kind contribution description (if applicable)
08/05/2003	Vetterling and Blazek LLP [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
09/10/2003	Mr. John Vidaurri [redacted]	30.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/30/2003	Waste Management PAC [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
07/31/2003	Mr. Gerald Wilson [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
08/14/2003	Shaukat and Nihala Zakaria [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 20/28

2 FILER NAME
Ms. Carol Alvarado

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)
09/07/2003	Mr. Roy Zermeno 6 Contributor address; City; State; Zip Code [redacted]	25.00	

9 Principal occupation (Optional)	10 Employer (Optional)

Revised 12/01/1999

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 21/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/13/2003	Ms. Carol Alvarado 9213 E. Avenue L Houston TX 77012	884.99

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	American G.I. Forum Post 372 3522 Polk Avenue Houston TX 77003	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Rental of Legion 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 ($)
09/25/2003	American Leadership Forum 3101 Richmond Ave.,Suite 140 Houston TX 77098	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Golf Tournament Hole Sponsorship

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 ($)
08/21/2003	Campaign Strategies 3815 Montrose,Suite 101 Houston TX 77006	734.67

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

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 Total pages report: 22/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/02/2003	Campos Communications 816 Ralfallen Houston TX 77008	1459.17

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/08/2003	Campos Communications 816 Ralfallen Houston TX 77008	2690.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/24/2003	Campos Communications 816 Ralfallen Houston TX 77008	505.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/04/2003	Carroll Printing 2907 Canal Houston TX 77003	866.48

Purpose of expenditure (See instructions regarding type of information required.)
Printing of National Night Out Materials

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: 23/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/30/2003	Cingular Wireless 2321 N. University Houston TX 79415	177.67

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/02/2003	Cingular Wireless 2321 N. University Houston TX 79415	132.40

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
07/28/2003	Dollar Store #1654 11550 S. Wilcrest Houston TX 77099	225.00

Purpose of expenditure (See instructions regarding type of information required.)
National Night Out Candy

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 ($)
09/10/2003	Ms. Martha Galvan 1123 Gardendale Houston TX 77018	75.00

Purpose of expenditure (See instructions regarding type of information required.)
Catering for Council Pastry

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 Total pages report: 24/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/30/2003	Harris County AFL-CIO 2506 Sutherland Houston TX 77023	250.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Friends of Labor Sponsorship

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 ($)
09/10/2003	Harris County Democratic Party 1445 N. Loop West,Suite 110 Houston TX 77008	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Johnson Rayburn Dinner ticket

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 ($)
07/30/2003	Harris County Democrats 1302 Waugh #809 Houston TX 77019	25.00

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

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 ($)
09/15/2003	Hartman Middle School - PTO 7111 Westover Houston TX 77087	100.00

Purpose of expenditure (See instructions regarding type of information required.)
School Cheerleader fundraiser

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: 25/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2003	Houston Democratic Forum P.O. Box 22261 Houston TX 77227	35.00

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
08/21/2003	International Mailing Systems 815 Live Oak Houston TX 77003	277.00

Purpose of expenditure (See instructions regarding type of information required.)
Bulk mail postage

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 ($)
08/08/2003	Jaime Rivera Photography P.O. Box 7630 Houston TX 77270	12.37

Purpose of expenditure (See instructions regarding type of information required.)
Purchase of campaign photo album

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 ($)
08/08/2003	Jaime Rivera Photography P.O. Box 7630 Houston TX 77270	162.37

Purpose of expenditure (See instructions regarding type of information required.)
Purchase of Campaign Photographs

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: 26/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/30/2003	Jeff Davis High School 1101 Quitman Houston TX 77009	25.00

8 Purpose of expenditure (See instructions regarding type of information required.)
PTO key chain fundraiser

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 ($)
09/17/2003	Ms. Sakina Lanig 9100 Imogene Houston TX 77036	43.98

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	Payee name / Payee address; City; State; Zip Code	Amount ($)
09/15/2003	League of Women Voters of the Houston Area 2650 Fountainview,Suite #328 Houston TX 77057	50.00

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

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 ($)
09/25/2003	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	16.00

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

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 Total pages report: 27/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/10/2003	Rees Elementary School 16305 Kensley Houston TX 77082	10.50

8 Purpose of expenditure (See instructions regarding type of information required.)
School fundraiser

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 ($)
07/02/2003	S.H.A.P.E. Community Center 3815 Live Oak Houston TX 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of 16th Annual Freedom Tour

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 ($)
09/25/2003	Senate District 6 4622 Kermit Houston TX 77009	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of SD 6 Executive Committee Meeting

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 ($)
09/24/2003	Texas Printing 4711 Main St. Houston TX 77002	3415.28

Purpose of expenditure (See instructions regarding type of information required.)
Printing of signs and push cards

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 Total pages report: 28/28

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/12/2003	Wesley A.M.E Church 2209 Dowling Houston TX 77003	110.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertising for Annual Texas Conference

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 ($)
09/15/2003	Women In Municipal Government 1301 Pennsylvania Ave.,NW,Suite 550 Washington DC 20004	50.00

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

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