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: 1/18

OFFICE USE ONLY
Date Received: RECEIVED JAN 15 2004 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: Houston STATE: TX ZIP CODE: 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: Houston STATE: TX ZIP CODE: 77010

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

8 REPORT TYPE
[X] 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: 10/26/2003 THROUGH Month Day Year: 12/31/2003

10 ELECTION
ELECTION DATE Month Day Year: 11/04/2003
ELECTION TYPE: ☐ Primary ☐ Runoff [X] General ☐ Special

11 OFFICE
OFFICE HELD (if any): Other -- City Councilmember

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

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)	$ 18,050.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 36,956.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 143,874.48
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Alvarado, this the 15th day of January, 20 04, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Christopher M. Mays	Christopher M. Mays	Notary

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: 3/18

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)
10/28/2003	American Federation of State,County and Municipal Employees [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)
12/18/2003	Arnold & Langrand Communications [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)
10/27/2003	Mr. Paul Asofsky [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)
12/30/2003	Mr. Brooks Ballard [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)
11/20/2003	Ms. Becky Bernard [redacted]	25.00	
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: 4/18

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)
12/18/2003	Mr. & Mrs. Jim and Mary Bratton [redacted]	250.00	
9 Principal occu[redacted]		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Carter and Burgess,Inc. Political Commmittee [redacted] State; Zip Code	500.00	
Principal occu[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/30/2003	Mr. Darryl Carter [redacted] State; Zip Code	500.00	
Principal occupation [redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Beth and Robert Claude [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/26/2003	Mr. Art Contreras [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)		Employer (Optional)	

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: 5/18

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)
10/30/2003	Ms. Susan Elmore 6 [redacted]ty; State; Zip Code	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/15/2003	Michael and Cynthia Fowler [redacted]ty; State; Zip Code	200.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2003	G&A Investments [redacted] State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/24/2003	Mr. Mike Garver [redacted] City; State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	H. Lee Godfrey [redacted]y: State; Zip Code	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: 6/18

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)
10/27/2003	James and Maureen Hackett 6 Contributor address; City; State; Zip Code [redacted]	250.00	
9 Principal occu[redacted]	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2003	Halliburton Company Political Action Committee [redacted]ty; State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Harris County Women's Political Caucus [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/30/2003	Ms. Veronica Hernandez [redacted] State; Zip Code	25.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Mr. William J. Hill Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occ[redacted]	Employer (Optional)		

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: 7/18

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)
10/27/2003	Houston Associated General Contractors PAC [redacted] City; State; Zip Code	1000.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/02/2003	Houston Citizens PAC [redacted] City; State; Zip Code	250.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Mr. Stephen Lasher [redacted] State; Zip Code	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/06/2003	Linebarger Goggan Blair & Sampson,LLP [redacted] City; State; Zip Code	1000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/18/2003	Ms. Janiece Longoria [redacted] City; State; Zip Code	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: 8/18

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 ($)	8 In-kind contribution description (if applicable)
10/31/2003	Mr. Harry Mach [redacted]	250.00	
9 Principal occup[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Cesar and Martha Maldonado [redacted] State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/07/2003	Cynthia ann Marquez [redacted] City; State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2003	Michael and Kathryn Massa [redacted] State; Zip Code	200.00	
Principal occupati[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/200[redacted]	Parsons Corporation PAC [redacted] City; State; Zip Code	500.00	
Principal occ[redacted]	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: 9/18

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)
11/04/2003	Ms. Sarita Scarbrough [redacted]; State: Zip Code	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Sheet Metal Workers Local Union No. 54 Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
11/11/2003	Mr. Barry Silverman [redacted] State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Southwest Airlines Co. Freedom Fund A Multicandidate Committee [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Mr. Melvin Spinks [redacted]; State; Zip Code	500.00	
Principal occupation (Optional)	Employer (Optional)		

Revised 12/01/1999

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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: 10/18

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 ($)	8 In-kind contribution description (if applicable)
10/27/2003	Mr. Harlan Stai [redacted] y; State; Zip Code	250.00	
9 Principal occupa[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/27/2003	Uptown Houston Political Action Committee [redacted] State; Zip Code	500.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2003	Ms. Judy Wallace [redacted] State; Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
12/30/2003	Ms. Judy Wallace [redacted] State; Zip Code	250.00	
Principal occupa[redacted]	Employer (Optional)		

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: 11/18

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission Use) 1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/04/2003	Adrian Garcia Campaign 705 Sue Houston TX 77009	1000.00

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

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 ($)
10/30/2003	Advarion Inc. 3121 Buffalo Speedway,Suite 3405 Houston TX 77098	500.00

Purpose of expenditure (See instructions regarding type of information required.)
Website design

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 ($)
12/15/2003	Ms. Carol Alvarado 9213 E. Avenue L Houston TX 77012	366.03

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 ($)
12/10/2003	American Legion Post 472 7599 Ave. C Houston TX 77012	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for Christmas Basket Program

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: 12/18

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 ($)
11/17/2003	Campaign Strategies 3815 Montrose,Suite 101 Houston TX 77006	11216.33

8 Purpose of expenditure (See instructions regarding type of information required.)
Direct mail and walk list

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 ($)
10/30/2003	Campos Communications 816 Ralfallen Houston TX 77008	1341.39

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 ($)
11/03/2003	Campos Communications 816 Ralfallen Houston TX 77008	2695.93

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 ($)
11/05/2003	Campos Communications 816 Ralfallen Houston TX 77008	1067.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 13/18

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 ($)
11/07/2003	Campos Communications 816 Ralfallen Houston TX 77008	1425.00

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 ($)
11/17/2003	Campos Communications 816 Ralfallen Houston TX 77008	10000.00

Purpose of expenditure (See instructions regarding type of information required.)
Consulting fee

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 ($)
11/24/2003	Cingular Wireless 2321 N. University Houston TX 79415	364.71

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 ($)
11/30/2003	Freeway Pinevalley Civic Club 3614 Lazywood Houston TX 77023	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Civic Fest event

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: 14/18

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 ($)
12/11/2003	HELO c/o National League of Cities 1301 Pennsylvania Ave.,Suite 550 Houston TX 20004	80.00

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 ($)
11/01/2003	Ms. Joyce Jordan 3028 Anita Houston TX 77004	300.00

Purpose of expenditure (See instructions regarding type of information required.)
Contract labor

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 ($)
11/01/2003	Ms. Joyce Jordan 3028 Anita Houston TX 77004	128.00

Purpose of expenditure (See instructions regarding type of information required.)
Contract labor

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 ($)
11/14/2003	Latino Learning Center 3522 Polk Houston TX 77003	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for Frank Orozco Dinner

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: 15/18

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 ($)
10/30/2003	Mr. Johnny Lazo 7707 Avenue F Houston TX 77012	20.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Services rendered

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 ($)
11/23/2003	Ms. Veronica Leal 1518 1/2 Cortlandt Houston TX 77008	25.98

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 ($)
11/05/2003	Mandola's Deli 4105 Leeland Houston TX 77023	450.00

Purpose of expenditure (See instructions regarding type of information required.)
Election day lunches

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 ($)
11/20/2003	Milby HS Baseball Team 1601 Broadway Houston TX 77012	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

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: 16/18

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 ($)
11/01/2003	Milby HS Hispanic Alumni Association P.O. Box 5383 Houston TX 77262-5383	60.00

8 Purpose of expenditure (See instructions regarding type of information required.)
BBQ 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 ($)
11/17/2003	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	20.87

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement fro 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 ($)
12/02/2003	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	27.05

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 ($)
12/10/2003	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	20.81

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 17/18

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 ($)
11/20/2003	NCI-Ripley House P.O. Box 271389 Houston TX 77277-1389	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Donation to Brick campaign

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 ($)
12/11/2003	National League of Cities 1301 Pennsylvania Ave.,Suite 550 Washington DC 20004	510.00

Purpose of expenditure (See instructions regarding type of information required.)
Conference 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 ($)
11/07/2003	Mr. James Rodriguez 7814 Moline Houston TX 77087	218.94

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 ($)
11/17/2003	Mr. James Rodriguez 7814 Moline Houston TX 77087	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for Downtown Alliance raffle tickets

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: 18/18

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 ($)
11/20/2003	Mr. James Rodriguez 7814 Moline Houston TX 77087	2000.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract labor

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 ($)
11/12/2003	St. Patrick's Church 4918 Cochran Houston TX 77009	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation Young at Hearts Organization

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 ($)
10/28/2003	Yes Printing 4711 Main St. Houston TX 77002	427.59

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

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 ($)
10/28/2003	Yes Printing 4711 Main St. Houston TX 77002	2040.51

Purpose of expenditure (See instructions regarding type of information required.)
Printing of yard signs

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