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: 1/48

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

☐ 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: 01/01/2004 THROUGH Month Day Year: 06/30/2004

10 ELECTION

ELECTION DATE: Month Day Year
ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

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

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2004 CITY SECRETARY

Date Hand-delivered or the postmarked

Receipt # Amount

Date Processed

Date Imaged

GO TO PAGE 2

(Effective 12/16/1999)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME: Ms. Carol Alvarado

16 ACCOUNT # (Ethics Commission filers): 1980

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)	$ 71,722.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 9,415.46
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 206,877.83
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

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.

Signature of Candidate or Officeholder

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

Christopher Mays	Christopher Mays	Notary Public
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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: 10/48

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 ($)	8 In-kind contribution description (if applicable)
01/19/2004	Mr. Sanford Criner,Jr.. [redacted]	250.00	
9 Principal oc[redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/19/2004	Mr. James Cumming [redacted]	25.00	
Principal occupat[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Brian Cweren [redacted]	100.00	
Principal occu[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted]te; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/04/2004	Mr. Brian Cweren [redacted]	200.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / [redacted]tate; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. James Dannenbaum [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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1 Total pages this report: 3/48

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)
01/01/2004	ACS Responsible Govt PAC [redacted] City; State; Zip Code	500.00	
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)
03/01/2004	ANSUN PAC [redacted] City; State; Zip Code	250.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Othman Ahmad Contributor [redacted] State; Zip Code 4[redacted]	700.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Ovidio Alanis Contributor [redacted] State; Zip Code	250.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/04/2004	Mr. Stanford Alexander Contributor address; City; State; Zip Code [redacted]	250.00	
Principal occu[redacted]	Employer (Optional)		

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2 FILER NAME
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1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/20/2004	Ms. Mary Almendarez [redacted]	40.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. & Mrs. Frank and Ida Alvarado [redacted]	50.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Norma Alvarado [redacted]	30.00	
Principal occupatio[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/14/2004	Ms. Debbie Anders [redacted]	50.00	
Principal occupa[redacted]	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)
01/20/2004	Andrews and Kurth Texas PAC [redacted]	1000.00	
Principal occup[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

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1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/13/2004	Mr. Daniel Arnold [redacted]; 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)
01/20/2004	Mr. Dionel Aviles [redacted] 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)
01/20/2004	Mr. Chad Benedict [redacted] Zip Code	25.00	
Principal occup[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Yolanda Black Navarrro [redacted] Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Dayle Blake [redacted] Zip Code	100.00	
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#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/20/2004	Mr. Gerald Brady [redacted] State; Zip Code	500.00	
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)
01/19/2004	Brian Brand [redacted] ate; 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)
01/20/2004	Mr. David Bray Contributor [redacted] 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)
02/26/2004	Mr. Marcus Brewer [redacted] ip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/20/2004	Rudolph Bruhns [redacted] State; Zip Code	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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#_____) / City, State, Zip Code	7 Amount of contribution ($)	6 In-kind contribution description (If applicable)
02/20/2004	Rudolph Bruhns [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)
01/20/2004	Burney and Foreman Attorneys-at-Law [redacted]	200.00	
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)
01/20/2004	CDMPAC [redacted]	250.00	
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)
01/18/2004	Mr. Louis Carranza [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)
01/19/2004	Mr. Paul Carter [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		

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#_____) / Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/14/2004	Centerpoint Energy,Inc. PAC [redacted]	1000.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Alice Cheng Lee [redacted]	150.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/28/2004	Ms. Alice Cheng Lee [redacted]	197.00	Stamps and reception - materials
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Cindy Clifford [redacted]	250.00	
Principal occupation (Optional) [redacted]	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)
02/25/2004	Mr. John Cochran [redacted]	100.00	
Principal occupation [redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/48

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)
02/12/2004	Garnet Coleman [redacted] 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)
01/20/2004	Mr. David Collins Contributor address: City: State: Zip Code [redacted]	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)
01/20/2004	Mr. Edgardo Colon Contributor address: City: State: Zip Code [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Art Contreras Contributor address: City: State: Zip Code [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Rita Cook Contributor address: City: State: Zip Code [redacted]	100.00	
Principal occup[redacted]		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 11/48

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 ($)	8 In-kind contribution description (if applicable)
01/20/2004	Ms. Lisa Davis [redacted]	20.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mrs. Christina De La Mora [redacted]	500.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Norma Yvette Diaz [redacted]	35.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/17/2004	Ms. Susan Elmore [redacted]	100.00	
Principal occupation (Optional) [redacted]	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)
02/23/2004	Ted Enloe [redacted]	2500.00	
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#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/04/2004	Ernie Etuk [redacted]; Zip Code	150.00	
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)
01/14/2004	Mr. Kirk Farris [redacted]; Zip Code	20.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Michele Fraga [redacted]; 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)
01/01/2004	Mr. William Franks [redacted]; 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)
01/16/2004	Fullbright and Jaworski LLP Texas Committee [redacted]; Zip Code	1000.00	
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#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
02/09/2004	Mr. Roland Garcia,Jr. 6[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)
01/20/2004	Mr. Ray Garcia [redacted]e; 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)
01/01/2004	Mr. Mike Garver Contributor address; City; State; Zip Code [redacted]	1000.00	
Principal occu[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Mike Garver [redacted] Zip Code	1000.00	
Principal occupa[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Frank Garvey Contributor address; City; State; Zip Code [redacted]	300.00	
Principal occupa[redacted]	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 14/48

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 Street, City, State, Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/22/2004	Ms. Olivia Garza [redacted]	100.00	
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)
01/15/2004	Pat George [redacted] Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Glen Gondo [redacted] 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)
01/20/2004	Rey and Santa Gonzales [redacted] 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)
01/22/2004	Ms. Dolores Guerrero [redacted] State; Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
03/01/2004	Ramesh Gunda 6 [redacted] Zip Code	250.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/21/2004	Mr. Christopher Hageney [redacted] Zip Code	200.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/02/2004	Halliburton Company Political Action Committee Contributor address: [redacted] State; Zip Code	500.00	
Principal occupat[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03/04/2004	Gordon Harris Contributor address: [redacted] State; Zip Code	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)
02/25/2004	Safeer Hassan Contributor address: [redacted] State; Zip Code	1000.00	
Principal occup[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: 16/48

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 ($)	8 In-kind contribution description (if applicable)
02/19/2004	Hermes Architects Political Action Fund [redacted] Zip Code	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. David Herrerra [redacted] Zip Code	40.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. William J. Hill [redacted] Zip Code	1000.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Henry Holeman [redacted] 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)
01/08/2004	Houston Police Retired Officers Association PAC [redacted] te; Zip Code	500.00	
Principal occu[redacted] (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: 17/48

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 ($)	8 In-kind contribution description (if applicable)
01/12/2004	Mr. Peter Hoyt Brown [redacted]	250.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/19/2004	JYC Partners [redacted]	500.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Johnnie Jenkins [redacted]	250.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Marcia Johnson [redacted]	150.00	
Principal occ[redacted]	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)
01/21/2004	Ms. Patricia Joiner [redacted]	250.00	
Principal occupation (Optional) [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: 18/46

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)
03/01/2004	A. A. Kashani [redacted]	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)
01/20/2004	Ms. Donna King [redacted]	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)
01/28/2004	Mr. William D Kvinta [redacted]	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)
02/04/2004	LAN-PAC [redacted]	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)
02/19/2004	Mr. John Labrada [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: 19/48

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)
02/15/2004	Mr. Daniel Lawson [redacted] Code	3000.00	
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)
03/01/2004	Kay Lentz [redacted] City; State; Zip Code	100.00	
Principal oc[redacted]	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Lisa Liles [redacted] 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)
01/20/2004	Ms. Melaney Linton [redacted] 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)
01/22/2004	Ms. Diane Lipton [redacted] Zip Code	250.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 20/48

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)
01/20/2004	Locke Liddell & Sapp LLP [redacted] Zip Code	500.00	
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)
01/21/2004	Ms. Janiece Longoria [redacted] 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)
01/20/2004	Ms. Kathleen Magruder [redacted] 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)
01/16/2004	Danette and Juan Maldonado [redacted] 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)
02/27/2004	Ron Marks [redacted] Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 21/48

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 ($)	8 In-kind contribution description (if applicable)
02/04/2004	Cynthia Ann Marquez [redacted] Zip Code	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Charlene Martinez [redacted]; Zip Code	1000.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. D. Fred Martinez [redacted] State; Zip Code	500.00	
Principal occup[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Robert McMurrey [redacted]; Zip Code	25.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Jose Medrano [redacted] City; State; Zip Code	100.00	
Principal occupa[redacted]	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: 22/48

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 ($)	8 In-kind contribution description (if applicable)
01/14/2004	Mr. Max Melchor [redacted] Zip Code	165.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Manzoor and Amber Memon [redacted] Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	William Miller [redacted] Zip Code	500.00	
Principal occupa[redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/17/2004	Mr. Robert Mills [redacted] 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)
01/29/2004	Mr. Jacob Monty [redacted] Zip Code	4000.00	
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: 23/48

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 ($)	8 In-kind contribution description (if applicable)
01/19/2004	Daryl Moore [redacted] Zip Code	150.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Terry Morales [redacted] City; State; Zip Code	150.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Booker T. Morris,III [redacted] City; State; Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Barbara Nau [redacted] 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)
03/01/2004	Thomas O'Grady [redacted] City; State; Zip Code	250.00	
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: 24/48

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)
02/26/2004	Mr. Sergio Ortiz [redacted] Zip Code	100.00	
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)
01/20/2004	Mr. William Othon [redacted] 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)
01/20/2004	Outdoor PAC [redacted] 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)
01/23/2004	RR Paseman [redacted] Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	Rivers A. Patout,III [redacted] Zip Code	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 25/48

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)
01/19/2004	Barbara Paull [redacted]	200.00	
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)
01/18/2004	Judge John Peavy [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)
01/20/2004	Emilio Pena [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)
01/20/2004	Pipe Fitters Local Union #211 [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)
01/23/2004	Plumbers Local Union No. 68 [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: 26/48

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)
01/16/2004	Political Action Committee of Winstead Sechrest & Minick,P.C. [redacted]	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)
01/01/2004	Raba-Kistner PAC [redacted]	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)
01/20/2004	Ms. Gilda Ramirez [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Macario Ramirez [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/17/2004	Ms. Jeannette Rash [redacted]	250.00	
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: 27/48

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 ($)	8 In-kind contribution description (if applicable)
01/20/2004	Ms. Vesta Rea-Gaubert [redacted]	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/04/2004	Reddy Partnership [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 ($)	In-kind contribution description (if applicable)
02/12/2004	Reliant Reasources Inc. PAC [redacted]	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address: City: State: Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Janie Reyes [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)
02/26/2004	Roland Rodriguez [redacted]	200.00	
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: 28/48

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)
01/12/2004	Mr. Jerome Rose [redacted]	200.00	
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)
03/03/2004	Ms. Jessica Rossman [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)
03/04/2004	SEIU C.O.P.E. FUND [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)
01/20/2004	Mr. Alan Sadeghpour [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)
01/20/2004	Ms. Graciela Saenz [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: 29/48

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 ($)	8 In-kind contribution description (if applicable)
01/20/2004	Mr. Epi Salazar [redacted]	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/25/2004	Lupe Salinas [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 ($)	In-kind contribution description (if applicable)
02/06/2004	Mr. Dennis Sander [redacted]	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/13/2004	Mr. Richard Scott [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)
01/20/2004	Ms. Cathy Sessums [redacted]	50.00	
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: 30/48

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)
01/20/2004	Mr. Melvin Spinks [redacted] Zip Code	500.00	
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)
01/20/2004	Mr. James Squire [redacted] 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)
02/04/2004	Mr. Michael Stephens [redacted] 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)
01/20/2004	Mr. Jonathon Stoger [redacted] Zip Code	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/09/2004	Jon Strange [redacted] Zip Code	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: 31/48

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 Street; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
01/20/2004	Mr. George Strong [redacted]	100.00	

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

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor Street; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
02/15/2004	TREPAC / Texas Association of Realtors PAC [redacted]	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor Street; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/21/2004	TSC Fund [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor Street; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Orlando Teran [redacted]	250.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor Street; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/22/2004	Kefelegne Tesfaye [redacted]	5000.00	

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: 32/48

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)
01/01/2004	Texas Friends of Time Warner Cable [redacted] City; State; Zip Code	500.00	
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)
01/15/2004	Texas Weston PAC [redacted] 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)
01/20/2004	Mr. Kenneth Ulmer [redacted] 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)
01/29/2004	Ms. Lucy Valdez [redacted] Zip Code	25.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	John and Ernestina Vidaurri [redacted] Zip Code	50.00	
Principal occupa[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: 33/48

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 ($)	8 In-kind contribution description (if applicable)
02/27/2004	Vinson & Elkins Texas PAC [redacted] Zip Code	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Dave Walden [redacted] Zip Code	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Ms. Susan Walden [redacted] Zip Code	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
02/25/2004	Mr. Louis Waters [redacted] 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)
03/04/2004	Wayne Webber [redacted] Zip Code	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: 34/48

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 ($)	8 In-kind contribution description (if applicable)
01/20/2004	Ms. Rebecca White [redacted]	50.00	
9 Principal occupation (Optional) [redacted]	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
03/01/2004	Mr. Randy Wilhelm [redacted]	1000.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/20/2004	Mr. Chris Wilmot [redacted]	500.00	
Principal occupation (Optional) [redacted]	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
01/11/2004	Mr. Mark Yzaguirre [redacted]	100.00	
Principal occupation (Optional) [redacted]	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)
03/03/2004	Giti Zarinkelk [redacted]	100.00	
Principal occupation (Optional) [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: 35/48

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)
01/19/2004	Mr. & Mrs. John and Irene de Leon 6 [redacted] Code	100.00	

9 Principal occupation (Optional)	10 Employer (Optional)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 36/48

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 ($)
03/14/2004	Advarion Inc. 3121 Buffalo Speedway,Suite 3405 Houston TX 77098	36.65

8 Purpose of expenditure (See instructions regarding type of information required.)
Transaction fees for website

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 ($)
03/10/2004	Aids Walk Houston 3202 Weslayan Annex Houston TX 77027	50.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/22/2004	Ms. Carol Alvarado 9213 E. Avenue L Houston TX 77012	121.98

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 ($)
03/10/2004	American Leadership Forum 3101 Richmond Ave.,Suite 140 Houston TX 77098	100.00

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 37/48

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 ($)
03/10/2004	American Legion Post 472 7599 Ave. C Houston TX 77012	100.00

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

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 ($)
04/09/2004	American Legion Post 472 7599 Ave. C Houston TX 77012	24.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for annual fish fry

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 ($)
01/13/2004	Be Bilingual 510 Bering Drive Houston TX 77057	43.00

Purpose of expenditure (See instructions regarding type of information required.)
Speech translation

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 ($)
02/09/2004	Be Bilingual 510 Bering Drive Houston TX 77057	137.00

Purpose of expenditure (See instructions regarding type of information required.)
Speech translation

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: 38/48

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 ($)
03/02/2004	Ms. Donica Beckett 2701 W. Belfort,Apt. #1415 Houston TX 77054	21.75

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 ($)
01/06/2004	Campos Communications 816 Ralfallen Houston TX 77008	758.60

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 ($)
01/23/2004	Campos Communications 816 Ralfallen Houston TX 77008	746.67

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
03/10/2004	Campos Communications 816 Ralfallen Houston TX 77008	1283.50

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: 39/48

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 ($)
02/15/2004	Cingular Wireless 2321 N. University Houston TX 79415	457.42

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 ($)
03/11/2004	Cingular Wireless 2321 N. University Houston TX 79415	360.19

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 ($)
04/06/2004	Cingular Wireless 2321 N. University Houston TX 79415	161.77

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 ($)
04/29/2004	Cingular Wireless 2321 N. University Houston TX 79415	301.00

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

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: 40/48

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 ($)
05/31/2004	Cingular Wireless 2321 N. University Houston TX 79415	255.41

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 ($)
04/12/2004	Clinton Park United Methodist Church 201 Calloway Houston TX 77029	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of senior citizens conference

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 ($)
03/22/2004	Club Corp Bike Team One Allen Center Houston TX 77002	65.00

Purpose of expenditure (See instructions regarding type of information required.)
2004 BP MS-150 Team membership

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 ($)
04/29/2004	Denver Harbor Seniors 6402 Market Houston TX 77029	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Mother's Day Dance

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: 41/48

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 ($)
06/30/2004	Ms. Martha Galvan 1123 Gardendale Houston TX 77018	60.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Catering - Council Pastry Day

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 ($)
06/30/2004	Ms. Gloriella Gonzalez 3602 Lazywood Lane Houston TX 77023	32.60

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 ($)
03/10/2004	Ms. Eva Guerra 7929 Canal Houston TX 77011	191.00

Purpose of expenditure (See instructions regarding type of information required.)
Campaign lunches for Rep. Joe E. Moreno

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 ($)
02/04/2004	Houston Chronicle P.O. Box 80086 Prescott AZ 86304-8086	120.78

Purpose of expenditure (See instructions regarding type of information required.)
Subscription renewal

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: 42/48

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 ($)
05/17/2004	Houston Chronicle P.O. Box 80086 Prescott AZ 86304-8086	133.36

8 Purpose of expenditure (See instructions regarding type of information required.)
Subscription renewal

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 ($)
01/05/2004	Houston Livestock Show and Rodeo P.O. Box 20070 Houston TX 77225-0070	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertising in program book

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 ($)
02/12/2004	Jessica Farrar Campaign 204 Graceland Houston TX 77009	250.00

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

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 ($)
03/29/2004	Knights of Columbus Council 10591 7523 Ave. K Houston TX 77011	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for Annual Good Friday Fish Fry

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: 43/48

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 ($)
03/10/2004	La Rosa Family Services P.O. Box 16042 Houston TX 77222-6042	50.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Donation for 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 ($)
01/05/2004	Ms. Veronica Leal 1518 1/2 Cortlandt Houston TX 77008	53.26

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 ($)
03/04/2004	Ms. Veronica Leal 1518 1/2 Cortlandt Houston TX 77008	16.69

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 ($)
03/10/2004	Minute Man Press 50 Briar Hollow Lane,Suite 180 Houston TX 77027	705.57

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

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: 44/48

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 ($)
05/19/2004	Monarch Printing 6605 McGrew Houston TX 77008	1445.84

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

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 ($)
02/13/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	120.78

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 ($)
03/10/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	13.00

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 ($)
04/22/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	27.87

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: 45/48

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 ($)
04/29/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	11.33

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 ($)
05/11/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	69.46

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 ($)
06/13/2004	Ms. Marjorie Montemayor 2135 Jean St. Houston TX 77023	25.10

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 ($)
05/04/2004	NAACP ACT-SO 2002 Wheeler Houston TX 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertising in ACT-SO program

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: 46/48

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 ($)
06/12/2004	National Emancipation Association 2314 Wheeler,Suite 1 Houston TX 77004	15.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Parade entry fee

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 ($)
02/04/2004	National Multiple Sclerosis Society P.O. Box 4585 Houston TX 77210-4585	30.00

Purpose of expenditure (See instructions regarding type of information required.)
2004 BP MS-150 entry 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 ($)
04/06/2004	Planned Parenthood of Houston and Southeast Texas Action Fund 3601 Fannin Houston TX 77004	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation - Disco Groove Fundraiser

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 ($)
04/21/2004	Planned Parenthood of Houston and Southeast Texas Action Fund 3601 Fannin Houston TX 77004	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Entry fee for March for Women's Lives

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: 47/48

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 ($)
03/02/2004	Porras Prontito 6301 Market St. Houston TX 77020	73.88

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

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 ($)
02/10/2004	Refuge Vision Ministeries 7204 Moline Houston TX 77087	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertising in church program

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 ($)
03/22/2004	Rusk Athletic Club 7357 Cayton Houston TX 77061-2713	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Annual Basketball Tournament

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 ($)
04/09/2004	St. Alphonsus Church 9217 Manchester Houston TX 77012	36.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for annual fish fry

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: 48/48

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 ($)
04/09/2004	St. Alphonsus Church 9217 Manchester Houston TX 77012	30.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Donation for annual fish fry

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 ($)
03/10/2004	Tejano Center for Community Concerns 2950 Broadway Houston TX 77017	100.00

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

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 ($)
03/10/2004	The Chamber P.O. Box 66129 Houston TX 77266-6129	30.00

Purpose of expenditure (See instructions regarding type of information required.)
Greater Houston GLBT Chamber Luncheon

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