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)

2 Total pages filed: 14

OFFICE USE ONLY

Date Received: RECEIVED JUL 15 2003 CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: City Council member District B
FIRST: Carol
MI: Mims
NICKNAME:
LAST: Galloway
SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
4810 Lavender St.
Houston, Tx 77026

5 CAMPAIGN TREASURER NAME

TITLE:
FIRST: Ernest
MI:
NICKNAME:
LAST: McGowen Sr.
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
9010 Perkette
Houston, Tx 77028

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713)
PHONE NUMBER: 635-3191
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 / 03 THROUGH Month Day Year: 06 / 30 / 03

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (If any): City Council Dist B

12 OFFICE SOUGHT (If known):

13 NOTICE OF 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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 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

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 7500
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 32,225

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 2463.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 10079.86

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carol M Galloway
Signature of Candidate or Officeholder

TROY D. LEMON NOTARY PUBLIC STATE OF TEXAS EXPIRES 06-08-2004

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Galloway, this the 5th day of July, 20 03, to certify which, witness my hand and seal of office.

Troy D Lemon
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 7811-2070 (512) 463-5800 1-800-325 8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH-SS,SC-C/OH, SC-SPAC, SPAC-SS)

The Instruction Guide explains how to complete this form.

1 TOTAL PAGES THIS SCHEDULE A1:

2 FILER NAME
Carol Mims Galloway

3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-20-03	William H. White/Andrea White [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
2-25-03	Peter Hoyt Brown [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
2-25-03	Landry's Restaurants, PAC 1510 [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
2-28-03	Linebarger, Goggan Blair & Sampson LLP [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-03	George Dawson [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-03	Charles D. Gooden [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-1-03	Carl Dudensing [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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Carol Mims Galloway

3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-1-03	Fulbright & Jaworski, LLP [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-3-03	Willie High Coleman, Jr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	C.M Garver [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Rudy Bruhns [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	William Wayne Henson [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	John Ho [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Dave Walden [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-6-03	Nene Foxhall [redacted]	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Jerry Brady [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Edward Boswell [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Jack Drake [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Janiece Longoria [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Harold Underwood, Jr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor out of state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Samuel K. Eaton [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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Carol Mims Galloway

3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-6-03	Burney & Foreman [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Solomon Efrem [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Jack Linville [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Mengistu Demessie/Dinkinesh Almayeho [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Valvert Thompson [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Raymond E. or Betty G. Franks [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Mrs. Jacqueline M. Bostic [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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Carol Mims Galloway

3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-6-03	Ramesh Kalluri or Shanti Kalluri [redacted]	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-6-03	Sally Bradford [redacted]	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-7-03	Donald Dewberry [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-7-03	Van Watkins [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-17-03	Helen Wheatley [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-24-03	Uptown Houston PAC [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
3-31-03	Marcia Johnson [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER
Carol Mims Galloway

3 ACCOUNT # (Ethics Commission Filers)

5 Date	6 Full name of contributor ☐ out-of-state PAC	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4-11-03	Jeanette Rash [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4-22-03	Donald Holinsworth [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
4-22-03	Bob Perry [redacted]	5000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
5-20-03	David Martinez [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
5-20-03	Gerald Wilson [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
5-30-03	Home PAC [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor out-of-state PAC	Amount of contribution ($)	In-kind contribution description (if applicable)
6-10-03	Archie Jones [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 TOTAL PAGES THIS SCHEDULE F: 1/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
1-2-03	Northeast YMCA 7901 Tidwell, Houston, Texas 77078	500.00

Sponsor

Date	Payee name / Payee address: City; State; Zip Code	9 Amount ($)
1-3-03	Cingular Wireless 2321 N. University Lubbock, Texas 79415	283.27

Purpose of payment (See instructions regarding type of Informationrequired)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2-4-03	Cingular Wireless 2321 N. University Lubbock, Texas 79415	237.68

Purpose of payment (See instructions regarding type of Informationrequired)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2-5-03	Office Depot Houston, Texas	78.16

Paper

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2-5-03	Bosworth Paper P.O. Box 55385 Houston, Texas 77255-5385	163.35

Purpose of payment (See instructions regarding type of Informationrequired)

Paper stock/Envelopes

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 TOTAL PAGES THIS SCHEDULE F: 2/6

2 FILER
Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
2-18-03-	Sprint Digital Printing 10100 Clay Houston, Texas 77090	437.15

8 Purpose of payment (See instructions regarding type of information required)
Printing

9 Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
2-18-03	Academy Awards 4102 Fannin Houston, Texas 77004	596.50

Purpose of payment (See instructions regarding type of information required)
Cups

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
3-3-03	Cingular Wireless 2321 N. University Lubbock, Texas 79415	362.21

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
3-6-03	Grand Room Ball Room 1521 Austin Houston, Texas 77002	1000.35

Purpose of payment (See instructions regarding type of information required)
Facility Rental / Food

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 TOTAL PAGES THIS SCHEDULE F: 2/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
3-6-03	B.J. Ministries 3516 Rupert Houston, Texas 77026	300.00

8 Purpose of payment (See Instructions regarding type of information required): Entertainment

9 Complete if direct expenditure to benefit C/OH: C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
3-18-03	Linda Johnson 8110 Big Oak Trail Houston, Texas 77040	500.00

Purpose of payment (See Instructions regarding type of information required): Fundraiser Coordination

Complete if direct expenditure to benefit C/OH: C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
3-14-03	Hep C Foundation	200.00

Cell Phone Bill

Complete if direct expenditure to benefit C/OH: C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
3-14-03	U.S Postmaster Houston, Texas	148.00

Purpose of payment (See Instructions regarding type of information required): Stamps

Complete if direct expenditure to benefit C/OH: C/OH Name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 TOTAL PAGES THIS SCHEDULE F: 3/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
3-28-03	Brentwood Church 13033 Landmark Houston, Texas 77045	100.00

8 Purpose of payment (See Instructions regarding type of Informationrequired)

Souvenir Advertisement

9 Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
4-4-03	Cingular Wireless 2321 N. University Lubbock, Texas 77415	316.44

Purpose of payment (See Instructions regarding type of Information required)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
4-18-03	Rev. Sidney Rand Street Houston, Texas 77026	50.00

Donation

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
4-26-03	Creole Shack 5519 Caplin Houston, Texas 77026	562.62

Purpose of payment (See Instructions regarding type of Information required)

Food

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 TOTAL PAGES THIS SCHEDULE F: 4/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
4-26-03	Integrity II 8045 - B Antoine Dr., Houston, Texas 77045	300.00

8 Purpose of payment (See instructions regarding type of Informationrequired)

Breakfast Coordination

9 Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
5-3-03	Cingular Wireless 2321 N. University Lubbock, Texas 77415	281.30

Purpose of payment (See instructions regarding type of Informationrequired)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
5-11-03	Hepititis C Foundation Houston, Texas 77004	100.00

Sponsor

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
5-14-03	Kashmere BC Development 4302 Cavalcade Houston, Texas 77026	100.00

Purpose of payment (See instructions regarding type of Informationrequired)

Donation

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

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1 OTAL PAGES THIS SCHEDULE F: 5/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
5-16-03	Talented Tenth 9723 Arvin St. Houston, Texas 77078	500.00

8 Purpose of payment (See instructions regarding type of information required)

Donation

9 Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
5-23-03	Inis Domino 790 W. Little York Houston, Texas 77091	316.44

Purpose of payment (See instructions regarding type of information required)

Scholarship Donation

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
6-15-03	Hobart Taylor Park Activities Council 8100 Kenton Houston, Texas 77028	50.00

Purpose of payment (See instructions regarding type of information required)

Donation

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
6-3-03	Cingular Wireless 2321 N. University Lubbock, Texas 77415	263.18

Purpose of payment (See instructions regarding type of information required)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 TOTAL PAGES THIS SCHEDULE F: 6/6

2 FILER

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission

4 Date	5 Payee name / 6 Payee address: City; State; Zip Code	Amount ($)
6-26-03	Carol Mims Galloway P.O. Box 1562 Houston, Texas 77226	2700.00

8 Purpose of payment (See instructions regarding type of information required)

Loan Reimbursement

9 Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
6-15-03	Hobart Taylor Park Activities Council 8100 Kenton Houston, Texas 77028	50.00

Purpose of payment (See instructions regarding type of information required)

Donation

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)
6-3-03	Cingular Wireless 2321 N. University Lubbock, Texas 77415	263.18

Purpose of payment (See instructions regarding type of information required)

Cell Phone Bill

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

Date	Payee name / Payee address: City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required)

Complete if direct expenditure to benefit C/OH
C/OH Name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED