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:

OFFICE USE ONLY

Date Received: RECEIVED OCT 27 2003 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs FIRST: Carol MI: M

NICKNAME LAST: Galloway SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: PO Box 21572 APT / SUITE #: CITY: STATE: ZIP CODE

Houston, TX 77226

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 676-1316

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr FIRST: Ernest MI:

NICKNAME LAST: McGowen SUFFIX: Sr.

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9010 Parkette APT / SUITE #: CITY: STATE: ZIP CODE 77028

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 635-3191

9 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)

10 PERIOD COVERED

Month Day Year: 10 / 04 / 03 THROUGH Month Day Year: 10 / 26 / 03

11 ELECTION

ELECTION DATE Month Day Year: 11 / 04 / 03

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 35.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15325.00 xx
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 2843.79 xx
	4. **TOTAL POLITICAL EXPENDITURES**	$ 13520.25 xx
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 11,670.04 xx
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

Carol M Galloway

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carol M. Galloway, this the 27th day of October, 2003, 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

13K20.25

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 Schedule F:

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/13/03	Eloise Taylor 5002 Rand St Houston TX 77026	200.00

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Campaign Office Mgr	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/13/03	H-BAD Houston, TX	750.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Campaign Printing/card pusher	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14/03	Communities In School 2150 W 18 Ste 102 Houston, TX 77008	250.00

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Donation	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/14/03	B & G Printing 9500 Westview Ste 109 Houston, TX 77055	584.55

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name / Office sought / Office held
Campaign Literature Printing	

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 Schedule F:

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/03	HCCO-PAC 2314 Wheeler Ave Houston TX 77004	350.00

8 Purpose of payment (See instructions regarding type of information required.): Campaign Slate Printing

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/17/03	Eloise Taylor 5002 Rand St Houston, TX 77026	150.00

Purpose of payment (See instructions regarding type of information required.): Campaign office Mgr.

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/18/03	Galloway's Campaign Walk	2200.00

Purpose of payment (See instructions regarding type of information required.): Neighborhood Campaign distribution

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/21/03	Forward Times 4411 Almeda Houston, TX 77004	280.00

Purpose of payment (See instructions regarding type of information required.): Campaign ad

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/21/03	B & G Printing 9500 Westview Ste 109 Houston, TX 77055	2825.88

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/24/03	Eloise Taylor 5002 Rand St Houston, TX 77026	200.00

Purpose of payment (See instructions regarding type of information required.): Campaign Office Mgr

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25/03	Galloway's Campaign Walk Houston, TX	2600.00

Purpose of payment (See instructions regarding type of information required.): Neighborhood Campaign distribution

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/23/03	Fry's Electronic 10241 N. Frwy Houston, TX 77037	293.64

Purpose of payment (See instructions regarding type of information required.): Fax's Machine

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/23/03	Fry's Electronic 10241 N. Fwy Houston TX 77037	2736.18

8 Purpose of payment (See instructions regarding type of information required.): Campaign office Computer/Scanner/Supplies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25/03	Sherman Poore 12820 Greenwood Forest Dr Houston TX 77066	100.00

Purpose of payment (See instructions regarding type of information required.): Sign distribution

-- 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 ($)

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

-- 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 ($)

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

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

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/06/03	Talmadge & Geneva Sharp 8635 Fannette Hou., Tx 77029	100.00	

9 Principal occupation \ Job title (See Intructions)	10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/03	TSC Fund 6250 Westpark Dr. Ste 200 Hou., Tx 77057	100.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/03	Priscilla D. Slade 4102 Waterview Ct. Ma. City, TEXAS 77459	300.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/06/03	Earnest Washington, Jr. 2766 S. Camden Pkwy. Hou., Tx. 77067	75.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/07/03	Home PAC Greater Hou. Bld. Assoc. 9511 W. Sam Houston Pkwy N. 77064	250.00	

Principal occupation \ Job title (See Intructions)	Employer (See Instructions)

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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

SCHEDULE A

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1 Total pages this Schedule A:

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/07/03	Daylene Perry 12630 Barbizon Ln. Hou., Tx 77038	5000.00	

9 Principal occupation \ Job title (See Instructions) | 10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/03	Hermes Architects PAC. 7915 Westglen Dr. Hou., Tx 77063	250.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/08/03	HAA Pelt Government Fund 10815 Fallstone Rd. Hou. Tx 77099	2000.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/03	Charles M. Bush 7010 Desco Square Dallas, TX 75225	1000.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/15/03	Reliant Resources PAC P.O. Bx. 148 Hou, Tx 77001	500.00	

Principal occupation \ Job title (See Intructions) | Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/03	☑ out-of-state PAC (ID#:) CWA-COPE PAC, 501 3rd St. NW, Washington, D.C. 20001	500.00	

9 Principal occupation \ Job title (See Intructions)

10 Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/03	☐ out-of-state PAC (ID#:) Sheetmetalworkers L054-PAC, 800 W. 34th, Hou., Tx 77292	500.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/20/03	☐ out-of-state PAC (ID#:) Robert C. McNair, Two Reliant, Hou., Tx 77054	1000.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/21/03	☐ out-of-state PAC (ID#:) Harold Underwood, Jr., 19023 Barry Ln., Humble, Tx 77346	250.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/22/03	☐ out-of-state PAC (ID#:) Melvin Spikes, 12604 Secret Forest Ct., Cypress, Tx 77429	500.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME: Carol Mim Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/22/03	SIMA of Houston 3421 Antoine Houston, TX 77092-7058	1000.00	

9 Principal occupation \ Job title (See Intructions)

10 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/23/03	Ray Davis 7740 Oxfordshire Hou., Tx 77379 (Spring)?	1000.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/24/03	William J Hill 1106 Berthea Hou., Tx 77006	1000.00	

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

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)

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

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)

Principal occupation \ Job title (See Intructions)

Employer (See Instructions)

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