TEXAS ETHICS COMMISSION
AFFIDAVIT OF TIMELY REPORT

OFFICE USE ONLY
Date Received: RECEIVED OCT 21 2003 CITY SECRETARY
HD / PM
Date Processed
Date Imaged

Complete this affidavit form only if you contend that a fully completed and properly executed report was filed in a timely manner as required.

Filer name	Account #
Carol M. Galloway	

I, Carol M. Galloway (name of filer) filed a _____ (description of report) with the Texas Ethics Commission on or before 10/6/03 (date of deadline) by the following method:

(indicate one)

- [x] by first-class United States Mail, properly addressed with all postage charges prepaid.
- [ ] by common or contract carrier, properly addressed with all delivery and handling charges prepaid.
  Name of carrier:_____
- [ ] by personally delivering it to the offices of the Texas Ethics Commission at 201 East 14th Street, Sam Houston Building, 10th Floor, Austin, Texas.
- [ ] by electronic transfer using a modem or over the Internet.

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

NOTARY STAMP/SEAL

I swear, or affirm, under penalty of perjury, that the foregoing statements are in all things true and correct.

Carol M. Galloway
Signature of filer

Sworn to and subscribed before me by Carol M. Galloway this the 21st day of October, 20 03, to certify which, witness my hand and seal of office.

Troy D. Lemon
Signature of officer administering oath | Print 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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

See backside for instructions

1 ACCOUNT #

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

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

NICKNAME LAST: Galloway SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [x] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

5 ORIGINAL PERIOD COVERED

Month Day Year: 07/01/03 THROUGH Month Day Year: 10/03/03

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

RECEIVED OCT 21 2003 CITY SECRETARY

Receipt # Amount

Legal Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Inadvertent errors on Contribution & Expenditures due to computer failure.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

AFFIX NOTARY STAMP/SEAL ABOVE

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

Carol M Galloway

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Carol M. Galloway this the 21st day of October, 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

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

(Revised 09/01/2003)

Printed on recycled paper

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

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 21 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; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 21572 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); APT / SUITE #; CITY; STATE; ZIP CODE

9010 Parkette 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: 07/01/03 THROUGH Month Day Year: 10/03/03

11 ELECTION

ELECTION DATE Month Day Year: 11/04/03

ELECTION TYPE ☐ Primary ☐ Runoff ☑ General ☐ Special

12 OFFICE

OFFICE HELD (if any): City Council Dist. B

13 OFFICE SOUGHT (if known): City Council Dist. B

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

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	$ 280.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 8550.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 1367.42
4.	**TOTAL POLITICAL EXPENDITURES**	$ 15404.56

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 12,348.00

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

LINDA F. GAMBLE
Notary Public
State of Texas
My Commission Expires
June 5, 2005

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 8th day of Oct., 2008, to certify which, witness my hand and seal of office.

Linda F. Gamble — Signature of officer administering oath
Linda F. Gamble — Printed name of officer administering oath
Notary — 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 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 ☐ out-of-state PAC (ID#)	7 Amount of contribution ($)	8 In-kind contribution description (If applicable)
7/16/03	PAC Winstead Sechrest & Minick P.C. 6 Contributor address City: State: Zip Code [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)
8/20/03	Lee Brown [redacted]	1000.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#)	Amount of contribution ($)	In-kind contribution description (If applicable)
8/22/03	Booker T. Morris, III [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)
8/26/03	C. Anderson Davis [redacted]	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)
8/26/03	Theola Petteway Contributor address City: State: Zip Code [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)
8/27/03	Jeanette Rash (HCAR PAC) Contributor address City: State: Zip Code [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)
8/27/03	Ronald C. Green/Hilary Green Contributor address City: State: Zip Code [redacted]	50.00	
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

Texas Ethics Commission P.O. Box 12070 Austin Texas 7811-2070 (512) 463 5800 1-800-325-0506

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 ($)	8 In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Nathelyne A. Kennedy [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) R.V. Burns, Sr. [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Ms. Faye B. Bryant [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Bill King [redacted]	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Burney & Foreman [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Algenita Scott Davis [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	out-of-state PAC (ID#_____) Nancy Fogarty [redacted]	500.00	
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

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 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 ($)	8 In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Andrea R. Logans [redacted]	100.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Sharyon Grathe [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Charles Rash /Jeanette Rash [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Across The Track PACK [redacted]		1500.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Marchris G. Robinson [redacted]	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Jack Drake [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address, City, State, Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	out-of-state PAC (ID#_____) R. Vincent Hamilton [redacted]	50.00	
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

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 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	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Samuel Eaton 6 Contributor address [redacted]	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Patricia Littleton [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#_____) Shirley Malonson [redacted]	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
8/27/03	☐ out-of-state PAC (ID#) Burney & Foreman [redacted]	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
8/28/03	☐ out-of-state PAC (ID#_____) Gerald M. Brady Contributor address City: State: Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
9/11/03	☐ out-of-state PAC (ID#_____) Doug Horn Contributor address City: State: Zip Code [redacted]	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor	Amount of contribution ($)	In-kind contribution description (if applicable)
10/03/03	out-of-state PAC (ID#_____) Kase Lawal Contributor address City: State: Zip Code [redacted]	500.00	
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

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 Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/16/03	Harris County Democrat 2404 Labranch Houston, TX 77004	120.00

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

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 ($)
7/16/03	Northside Assistance Corp PO Box 21151 Houston TX 77226	50.00

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

-- 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 ($)
7/16/03	U.S. Postmaster Franklin St. Houston, TX 77002	74.00

Purpose of payment (See instructions regarding type of information required.): Stamp - mailing

-- 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 ($)
7/16/03	Cingular Wireless PO Box 650574 Dallas TX 75265	214.43

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

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder 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 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 ($)
7/30/03	Joe Johnson Bland St Houston, TX 77088	200.00

8 Purpose of payment (See instructions regarding type of information required.): Festival 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 ($)
8/16/03	Cingular Wireless PO Box 650574 Dallas TX 75265	328.61

Purpose of payment (See instructions regarding type of information required.): Cell-campaign

•• 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 ($)
8/27/03	Mercy Nursing Home 3901 Los Angeles Houston TX 77026	160.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/27/03	Chevron	251.74

Purpose of payment (See instructions regarding type of information required.): gasoline campaign vehicles

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)
8/2/03	Walmart E. Frwy Houston, TX	587.38

8 Purpose of payment (See instructions regarding type of information required.): Sponsor Back-to-School 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 ($)
8/2/03	Power 97.5 KRWP-FM 2700 Post OAK Ste 2300 Houston TX 77056	1000.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/2/03	OMIK 8600 S. Winchester Ave Chicago IL 60621	200.00

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

-- 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 ($)
7/30/03	H-Bad Houston, TX	50.00

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

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder 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 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 ($)
8/6/03	Joseph Baker Cohn St Houston TX 77091	300.00

8 Purpose of payment (See instructions regarding type of information required.): campaign signs distribution

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 ($)
8/6/03	John Poore PO Box 26186 Houston, TX 77286	50.00

Purpose of payment (See instructions regarding type of information required.): reimbursement - copies

-- 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 ($)
8/6/03	COP-IWFR 2506 Sutherland Houston, TX	100.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
8/1/03	Youth in Action PO Box 56271 Houston, TX 77291	250.00

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

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder 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 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 ($)
8/8/03	River Oak Chrysler Kirby Dr. Houston TX	780.86

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

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 ($)
9/2/03	U.S. Postmaster Franklin St. Houston TX 77002	74.00

Purpose of payment (See instructions regarding type of information required.): Stamps - mailing

-- 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 ($)
9/2/03	Sprint Digital Print 10100 Clay Rd Houston TX 77080	1898.00

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

-- 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 ($)
9/5/03	NAACP 2002 Wheeler Houston, TX 77004	1500.00

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

-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder 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 Schedule F:

2 FILER NAME: Carol M Gallowdy

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/5/03	Power House 7230 Ley Rd Houston TX 77028	117.98

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/8/03	Tejano Democrat Houston TX	125.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/8/03	Doris Hubbard 1925 Dewalt Houston TX 77088	750.00

Purpose of payment (See instructions regarding type of information required.): Early Voting 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 ($)
9/8/03	Houston Baptist Minister Houston TX	500.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)
9/8/03	Kashmere SNC Housing Fair Houston TX	100.00

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

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 ($)
9/11/03	Greater Emmanuel Apostolic 3915 Kelley St Houston TX 77026	100.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/16/03	Sandra Payne 1415 Erin St Houston TX 77009	1000.00

Purpose of payment (See instructions regarding type of information required.): Campaign Headquarter Make Ready

-- 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 ($)
9/12/03	B & G Printing 9500 Westview Ste109 Houston TX 77055	811.87

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)
9/18/03	City of Houston 901 Bagby Houston TX 77002	500.00

8 Purpose of payment (See instructions regarding type of information required.): Campaign Filing 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 ($)
9/18/03	Sprint Digital Print 10100 Clay Rd Ste.C Houston TX 77080	1897.51

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

-- 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 ($)
9/30/03	American Express	1102.31

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

-- 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 ($)
9/30/03	KCOH Radio 4011 Alameda St. Houston TX 77004	2800.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 ($)
10/3/06	Cingular Wireless PO Box 650574 Dallas TX 75265	410.87

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

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED