

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Carol Minis Galloway

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages | COMMITTEE NAME |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

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) \$ 33,750.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 9165.73

4. TOTAL POLITICAL EXPENDITURES \$ 34862.95

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1426.36

OUTSTANDING LOAN TOTALS

6. 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 Minis Galloway
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL

Sworn to and subscribed before me, by the said Carol M. Galloway this the 15th day of January, 20 09, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 9

2 FILER NAME
Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/27/03

5 Full name of contributor out-of-state PAC (ID#:
James T. or Maureen Hackett
6 Contributor address: City: State: Zip Code

7 Amount of contribution (\$)
250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/28/03

Full name of contributor out-of-state PAC (ID#:
Charles Bush
Contributor address: City: State: Zip Code

Amount of contribution (\$)
1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/28/03

Full name of contributor out-of-state PAC (ID#:
Cynthia Clay Briggs
Contributor address: City: State: Zip Code

Amount of contribution (\$)
100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/28/03

Full name of contributor out-of-state PAC (ID#:
H. Lee Godfrey
Contributor address: City: State: Zip Code

Amount of contribution (\$)
100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/28/03

Full name of contributor out-of-state PAC (ID#:
Harris Co. Women's Political
Caucus
PAC
Contributor address: City: State: Zip Code

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
2 of 9

2 FILER NAME
Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date
102803

5 Full name of contributor out-of-state PAC (ID#: _____)
Lee Vela

7 Amount of contribution (\$)
500⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code
[REDACTED]

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
102803

Full name of contributor out-of-state PAC (ID#: _____)
Zeineba Mohammed Sherif

Amount of contribution (\$)
1500⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
102803

Full name of contributor out-of-state PAC (ID#: _____)
AFSCME PAC

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
102803

Full name of contributor out-of-state PAC (ID#: _____)
Joseph Rollins

Amount of contribution (\$)
2500⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
102803

Full name of contributor out-of-state PAC (ID#: _____)
Ernest Gibson III

Amount of contribution (\$)
250⁰⁰

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code
[REDACTED]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/03

5 Full name of contributor out-of-state PAC (ID#:

Ronald G Brookfield

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#:

Margie Bingham

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#:

Coates Rose LLP PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

5000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#:

Cedric W. Cox

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

35⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#:

David Fred Martinez

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule A:

4 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/03

5 Full name of contributor

out-of-state PAC (ID#)

Southwest Airlines Co. Freedom Fund

7 Amount of contribution (\$)

250⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[Redacted address]

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/28/03

Full name of contributor

out-of-state PAC (ID#)

Time Warner Cable PAC

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor

out-of-state PAC (ID#)

Jeanette Bash

Amount of contribution (\$)

250⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor

out-of-state PAC (ID#)

Darryl Center

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor

out-of-state PAC (ID#)

Epifanio Salazar Jr.

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted address]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

5 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/03

5 Full name of contributor out-of-state PAC (ID#)

Rudolph H. Bruhns

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

1000⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#)

Mannaser Marshall, Jr.

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#)

H.P.P.U. (Houston Police Patrolmen's Union PAC)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-28-03

Full name of contributor out-of-state PAC (ID#)

Keefelegnetestay or Elizabeth Gebre

Contributor address; City; State; Zip Code

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/03

Full name of contributor out-of-state PAC (ID#)

Hou Prof. Firefighters PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

3000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/28/03

5 Full name of contributor

out-of-state PAC (ID#)

Donald Dewberry

6 Contributor address: City, State, Zip Code

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/30/03

Full name of contributor

out-of-state PAC (ID#)

Houston General Contractors PAC

Contributor address: City, State, Zip Code

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/03

Full name of contributor

out-of-state PAC (ID#)

Hou. Dock & Marine Council

Contributor address: City, State, Zip Code

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/03

Full name of contributor

out-of-state PAC (ID#)

Mr. or Mrs. Harry Mach

Contributor address: City, State, Zip Code

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/31/03

Full name of contributor

out-of-state PAC (ID#)

James Dennonbaum

Contributor address: City, State, Zip Code

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/30/03

5 Full name of contributor out-of-state PAC (ID#:

Walter Criner

7 Amount of contribution (\$)

300⁰⁰

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[Redacted]

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/03/03

Full name of contributor out-of-state PAC (ID#:

Manson B. Johnson

Amount of contribution (\$)

150⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/03/03

Full name of contributor out-of-state PAC (ID#:

Peddy Partnership

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/04/03

Full name of contributor out-of-state PAC (ID#:

Joseph Bollins

Amount of contribution (\$)

2500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/4/03

Full name of contributor out-of-state PAC (ID#:

Charles Gooden

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[Redacted]

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission files)

4 Date

11/4/03

5 Full name of contributor

out-of-state PAC (ID#)

Uptown Houston PAC

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/4/03

Full name of contributor

out-of-state PAC (ID#)

Halliburton Company PAC

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/03

Full name of contributor

out-of-state PAC (ID#)

Bardel M. Hall

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

1000⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/10/03

Full name of contributor

out-of-state PAC (ID#)

Nathlyne A. Kennedy, P.E.

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/13/03

Full name of contributor

out-of-state PAC (ID#)

James R. Jerd

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9 of 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-20-03

5 Full name of contributor

out-of-state PAC (ID#)

James Smith Jr.

6 Contributor address; City; State; Zip Code

[REDACTED]

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11-30-03

Full name of contributor

out-of-state PAC (ID#)

Eric Boutte

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

500⁰⁰

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-10-03

Full name of contributor

out-of-state PAC (ID#)

B. L. Woodward

Contributor address; City; State; Zip Code

[REDACTED]

Amount of contribution (\$)

In-kind contribution description (if applicable)

1500⁰⁰

Principal occupation / Job title (See Instructions)

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 Instructions)

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 Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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 Schedule F: 1/9 |
| 2 FILER NAME Card Mims Galloway | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10-29-03 | 5 Payee name Sherran Poore | 7 Amount (\$) 250⁰⁰ |
| 6 Payee address; City; State; Zip Code 13220 Greenwood Forest Dr Houston, TX 77066 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Sign Distribution | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 10-29-03 | Payee name Joseph Baker | Amount (\$) 300⁰⁰ |
| Payee address; City; State; Zip Code Cohn Hou. TX 77099 | | |
| 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 10-30-03 | Payee name Eliose Taylor | Amount (\$) 200⁰⁰ |
| Payee address; City; State; Zip Code 5000 Rand St Hou | | |
| Purpose of payment (See instructions regarding type of information required.) Campaign Off. mgr. | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 10-30-03 | Payee name WC Management | Amount (\$) 2762.⁸⁹ |
| Payee address; City; State; Zip Code 402 W. 116th Str. Hou. TX 77008 | | |
| Purpose of payment (See instructions regarding type of information required.) Mail-Out | | -- 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 of 9 |
| 2 FILER NAME Carol Mims Galloway | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 10/31/03 | 5 Payee name Sprint Digital Print | 7 Amount (\$) 2180.⁴⁸ |
| 6 Payee address; City; State; Zip Code 10100 Clay Rd. Hou. Tx. 77080 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Print Campaign Signs | | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/31/03 | Payee name JOHN POORE | Amount (\$) 1654.³⁷ |
| Payee address; City; State; Zip Code PO Box 26186 Houston, Tx. 77286 | | |
| Purpose of payment (See instructions regarding type of information required.) (Printing) Fundraiser reimbursement stamps & invitation | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 10/31/03 | Payee name Marcia Bazile | Amount (\$) 1500.⁰⁰ |
| Payee address; City; State; Zip Code P.O. BOX 21438 Houston, Tx 77226 | | |
| Purpose of payment (See instructions regarding type of information required.) Fundraiser | | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
| Date 11/01/03 | Payee name KLH & Assoc. | Amount (\$) 1200.⁰⁰ |
| Payee address; City; State; Zip Code 1925 Dewalt Houston, Tx. 77088 | | |
| Purpose of payment (See instructions regarding type of information required.) Election Day GOTV | | ** 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:
3 of 9

2 FILER NAME Carol Mims Galloway 3 ACCOUNT # (Ethics Commission filers)

| | | |
|----------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|
| 4 Date 11/1/03 | 5 Payee name <u>Office Depot</u> | 7 Amount (\$) 84 ³⁷ |
| 6 Payee address; City; State; Zip Code <u>13435 I-10 East Houston Tx. 77015</u> | | |

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

| | | |
|------------------------------------------------------------|----------------------------------------|----------------------------------|
| Date 11-01-03 | Payee name <u>Crystal Sims etun</u> | Amount (\$) 800 ⁰⁰ |
| Payee address; City; State; Zip Code <u>Houston Tx.</u> | | |

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

| | | |
|------------------------------------------------------------|------------------------------------|-----------------------------------|
| Date 11-01-03 | Payee name <u>Galloway Walk</u> | Amount (\$) 3000 ⁰⁰ |
| Payee address; City; State; Zip Code <u>Houston, Tx</u> | | |

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

| | | |
|---------------------------------------------------------------|--------------------------------------|-----------------------------------|
| Date 11/2/03 | Payee name <u>Galloway's Walk</u> | Amount (\$) 1600 ⁰⁰ |
| Payee address; City; State; Zip Code <u>Hous. Tx 77---</u> | | |

| | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <u>Churches Leaflet</u> | -- 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: 4 of 9 |
| 2 FILER NAME Carol Mims Galloway | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 11-03-03 | 5 Payee name A.T. & T. 6 Payee address; City, State; Zip Code P.O. Box 8220 Aurora, IL 60572 | 7 Amount (\$) 123 ⁵² |
| 8 Purpose of payment (See instructions regarding type of information required.) Campaign Cell Telephone | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11-03-03 | Payee name SBC Payee address; City, State; Zip Code P.O. Box 650487 Dallas, Tx 75265-0487 | Amount (\$) 738. ⁴³ |
| Purpose of payment (See instructions regarding type of information required.) Headquarters Telephone | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11-03-03 | Payee name Be @ Printing Payee address; City, State; Zip Code 9500 Westview, Ste. 109 Houston, Tx 77055 | Amount (\$) 1986. ⁹³ |
| Purpose of payment (See instructions regarding type of information required.) Printing Push Cards | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11-03-03 | Payee name Cingular Wireless Payee address; City, State; Zip Code P.O. Box 650574 Dallas, Tx 75265 | Amount (\$) 586. ³⁸ |
| Purpose of payment (See instructions regarding type of information required.) Campaign 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: 5 of 9 |
| 2 FILER NAME Carol Mims Ballaway | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 11/4/03 | 5 Payee name Greg Molo | 7 Amount (\$) 500⁰⁰ |
| 6 Payee address; City, State; Zip Code 3019 Prospect Hou. Tx 77004 | | |
| 8 Purpose of payment (See instructions regarding type of information required.) Campaign Coord. | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/4/03 | Payee name Eldridge Peugh | Amount (\$) 500⁰⁰ |
| Payee address; City, State; Zip Code 10116 Admiral Ct. Missouri City Tx 77489 | | |
| Purpose of payment (See instructions regarding type of information required.) Campaign Coord. | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/4/03 | Payee name John Poore | Amount (\$) 1000⁰⁰ |
| Payee address; City, State; Zip Code P.O. Box 26186 Houston, Tx | | |
| Purpose of payment (See instructions regarding type of information required.) Campaign Manager | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/7/03 | Payee name Rashmere Church | Amount (\$) 250⁰⁰ |
| Payee address; City, State; Zip Code 4302 Cavalcade Hou. Tx 77026 | | |
| 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: 6 of 9

2 FILER NAME Carol Mims Galloway

3 ACCOUNT # (Ethics Commission files)

| | | |
|--------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|
| 4 Date 11-10-03 | 5 Payee name R. L Woodland 6 Payee address; City, State; Zip Code 4302 Reed St. Houston, Tx 77051 | 7 Amount (\$) 100 ⁰⁰ |
|--------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------|

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

| | | |
|------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------|
| Date 11-16-03 | Payee name Wells of Salvation Center Payee address; City, State, Zip Code 3516 Rupert Hou. Tx 77026 | Amount (\$) 100 ⁰⁰ |
|------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------|

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

| | | |
|------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Date 11-16-03 | Payee name Rev. William A Jordan Payee address; City, State, Zip Code 3215 Lyons Ave Houston, Tx 77026 | Amount (\$) 50 ⁰⁰ |
|------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|

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

| | | |
|------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------|
| Date 11-17-03 | Payee name Greta Molo Payee address; City, State, Zip Code 3019 Prospect Houston, Texas 77004 | Amount (\$) 1000 ⁰⁰ |
|------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) Campaign Coordinator | -- 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: 7 of 9 |
| 2 FILER NAME <i>Carol Mims Galaway</i> | | 3 ACCOUNT # (Ethics Commission filers) |
| 4 Date 11/7/03 | 5 Payee name <i>Andrea Perry</i> 6 Payee address; City; State; Zip Code <i>1308 Windstream Denton, Tx. 76209</i> | 7 Amount (\$) <i>1000⁰⁰</i> |
| 8 Purpose of payment (See instructions regarding type of information required.) <i>Fundraiser Entertainment</i> | | 9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/7/03 | Payee name <i>Eldridge Peugh</i> Payee address; City; State; Zip Code <i>10116 Admiral Ct. Missouri City, TX 77489</i> | Amount (\$) <i>1000⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Campaign Coordinator</i> | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/7/03 | Payee name <i>JOHN POORE</i> Payee address; City; State; Zip Code <i>P.O. Box 26186 Houston, TX 77286</i> | Amount (\$) <i>4000⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Campaign Manager</i> | | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
| Date 11/22/03 | Payee name <i>National Congress of Black Women, Inc.</i> Payee address; City; State; Zip Code <i>Houston Chapter 2111 Welch Street Hou. TX 77019</i> | Amount (\$) <i>240⁰⁰</i> |
| Purpose of payment (See instructions regarding type of information required.) <i>Sponsor</i> | | -- 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:
8099

2 FILER NAME Carol Mims Galloway 3 ACCOUNT # (Ethics Commission filers)

| | | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 4 Date 120303 | 5 Payee name <u>Paradise Funeral Home</u> 6 Payee address, City, State, Zip Code <u>10401 W. Montgomery Hou., Tx 77088</u> | 7 Amount (\$) <u>200⁰⁰</u> |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 8 Purpose of payment (See instructions regarding type of information required.) <u>Constituent Burial Donation</u> | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

| | | |
|----------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date 120303 | Payee name <u>Cingular Wireless</u> Payee address, City, State, Zip Code <u>P.O Box 650574 Dallas Tx 650574</u> | Amount (\$) <u>1026²⁹</u> |
|----------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| | |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <u>Campaign Cell Telephone</u> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| | | |
|----------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date 120303 | Payee name <u>A.T&T</u> Payee address, City, State, Zip Code <u>P.O Box 8220 Aurora, IL 60572</u> | Amount (\$) <u>884.⁶⁸</u> |
|----------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <u>Campaign cell phone</u> | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| | | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Date 121703 | Payee name <u>City of Houston Water Dept.</u> Payee address, City, State, Zip Code <u>P.O Box 1562 Hou Tx 77251</u> | Amount (\$) <u>318⁵⁸</u> |
|----------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <u>Irma Templeton (Payment of constituent's water bill)</u> | ** 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:
9 of 9

2 FILER NAME *Carol Mims Galloway* 3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 4 Date <i>12/17/03</i> | 5 Payee name <i>Time Warner Cable</i> 6 Payee address; City; State; Zip Code <i>P.O. Box 650050 Dallas, Texas 75265</i> | 7 Amount (\$) <i>111²⁷</i> |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

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

| | | |
|-------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Date <i>12/18/03</i> | Payee name <i>Walmart</i> Payee address; City; State; Zip Code <i>10411 N. Freeway Hou. Tx 77037</i> | Amount (\$) <i>2506³⁷</i> |
|-------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

| | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <i>Purchase Toys donated to needy children</i> | -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

| | | |
|-------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Date <i>12/21/03</i> | Payee name <i>U-Haul</i> Payee address; City; State; Zip Code <i>34th Street Houston, Tx. 77</i> | Amount (\$) <i>100³⁷</i> |
|-------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Purpose of payment (See instructions regarding type of information required.) <i>Delivery of toys</i> | -- 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

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Federation of State, County and Municipal Employees

ADDRESS (number and street)

1625 L Street, N.W.

(Check if address
is changed)

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 23 2001

3. FEC IDENTIFICATION NUMBER ►

C 00011114

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William Lucy

Signature of Treasurer



Date 04 23 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

| | | | | | |
|-----------------------------|----------------|-------|--------|-----------|----------------|
| Candidate Party Affiliation | Office Sought: | House | Senate | President | State District |
|-----------------------------|----------------|-------|--------|-----------|----------------|

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Riggs National Bank

Mailing Address

1800 M Street, N.W.

Washington,

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

1825 K Street, N.W.

Washington,

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲