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: 19

OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2004 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (circled) 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 (circled) 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 Houston, TX 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: 01/01/04 THROUGH Month Day Year: 06/30/04
11 ELECTION	ELECTION DATE Month Day Year: / / ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special
12 OFFICE	OFFICE HELD (if any): Houston City Council Member 13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS ☐ additional pages	•• 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

GO TO PAGE 2

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

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	$ — 0 —
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17,150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 2175.00
	4. **TOTAL POLITICAL EXPENDITURES**	$ 10,442.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 5959.52
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 06-08-2008

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 15th day of July, 20 04, 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 7

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)
1-14-04	Centerpoint Energy, Inc. PAC 6 Contributor address, City/State, Zip Code [redacted]	2000.00	
9 Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
1-14-04	I.L.A. #24 Political Action Fund Zip Code [redacted]	200.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
1-20-04	Andrews & Kurth Texas PAC Contributor address, City/State, Zip Code [redacted]	1000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
1-29-04	Vinson & Elkins Texas PAC [redacted]	1000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-12-04	Reliant Resources, Inc. PAC [redacted]	500.00	
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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
2-11-04	ANSON [redacted] Code	250.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-15-04	TREPAC / Texas Association of Realtors PAC [redacted] Contributor address; City; State; Zip Code	500.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-16-04	RoyceBuilders.com [redacted]	1000.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-26-04	LAN-PAC [redacted]	250.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
2-27-04	Arndt & Langrand Communications [redacted]	100.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

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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	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3-01-04	David H Sadeghpour [redacted]	500.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-01-04	Fulbright & Jaworski, L.L.P. Contributor address; City; State; Zip Code [redacted]	500.00	
Principal occupation [redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-02-04	Darrell Morrison Contributor address; City; State; Zip Code	100.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-2-04	HALPAC Haliburton Co. PAC [redacted]	250.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-2-04	Charles Rash, Jr. [redacted]	200.00	
Principal occupation / Job title (See Instructions)	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 Schedule A: 4 of 9

2 FILER NAME: Carol Mims 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)
3-02-04	Jeanette Rash [redacted]	200.00	
9 Principal occupa[redacted]	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)
3-02-04	Rudolph H. Bruhns [redacted]	1000.00	
Principal occup[redacted]	oyer (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)
3-2-04	Booker T. Morris III [redacted]	200.00	
Principal occu[redacted]	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-02-04	James C. Box [redacted]	200.00	
Principal occupati[redacted] (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-02-04	Catherine Wray-McCraight [redacted]	100.00	
Principal occupation / Job title (See Instructions)	[redacted]yer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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 Schedule A: 5 of 9

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)
03-02-04	Ramesh Gunda or Laxmi Gunda [redacted]	250.00	
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03-02-04	David L. Collins [redacted]	100.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03-02-04	CDMPAC [redacted]	100.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03-2-04	Deborah J. Anders [redacted]	100.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03-03-04	James D. Dannenbaum [redacted]	1000.00	
Principal occupation / Job title (See Instructions)	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 Schedule A: 6 of 7

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)
3-03-04	Wayne W. Webber / Joan L. Webber [redacted]	2000.00	
9 Principal occu[redacted] (See Instructions)	10 Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
03-4-04	Bridget Montgomery Contributor address: City: State: Zip Code [redacted]	1500.00	
Principal occup[redacted]	[redacted]yer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-4-04	Hermes Architects PAC [redacted]	250.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-04-04	Frank Mecchu Contributor address: City: State: Zip Code [redacted]	200.00	
Principal occupation / Job title [redacted]	[redacted]ee Instructions)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
3-04-04	Gregory Johnson [redacted]	200.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 7 of 7

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)
3/2/04	Kenick Henry 6 Contributor address; City; State; Zip Code [redacted]		200.00

9 Principal occupati[redacted]e 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)

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.

Printed on recycled paper

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 11

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 ($)
1/4/04	AT & T Wireless PO Box 78628 Phoenix, AZ	89.65

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 ($)
1/4/04	Cingular Wireless PO Box 650574 Dallas, TX 75265	105.24

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 ($)
1/4/04	Time Warner PO Box 650050 Dallas, TX 75265	114.70

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 ($)
2/7/04	AT & T PO Box 78628 Phoenix, AZ	128.60

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 11

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 ($)
2/7/04	Cingular Wireless PO Box 650574 Dallas, TX 75265	216.28

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 ($)
2/7/04	Time Warner PO Box 650050 Dallas TX 75265	114.76

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 ($)
2/12/04	U.S. Postmaster	111.00

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

Stamps

•• 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 ($)
2/13/04	Eastside Village Learning Holman St 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

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: 3 of 11

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 ($)
2/24/04	Xi Kappa Lambda Education Foundation PO Box 1522 Missouri City TX 77459	2000.00

8 Purpose of payment (See instructions regarding type of information required.): Sponsor College Tour/Student

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 ($)
3/6/04	Cingular Wireless PO Box 650574 Dallas, TX 75265	294.83

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 ($)
3/6/04	AT & T Wireless PO Box 78628 Phoenix, AZ	188.64

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 ($)
3/6/04	Time Warner PO Box 650050 Dallas, TX 75265	114.69

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 11

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 ($)
3/1/04	Breakfast Klub 3711 Travis St Houston, TX 77002	253.68

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

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 ($)
3/24/04	Jason Deli 935 McKinney Houston, TX 77002	167.36

Purpose of payment (See instructions regarding type of information required.): Advisory Council Lunch

•• 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 ($)
3/25/04	Office Depot I-10 East Houston, TX	563.54 xx

Purpose of payment (See instructions regarding type of information required.): Computer Software Printer supplies

•• 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 ($)
3/27/04	Ellen Provost 8403 Cloine St Houston, TX 77028	100.00

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

•• 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: 5 of 11

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 ($)
4/02/04	Cingular Wireless PO Box 650574 Dallas, TX	333.71

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 ($)
4/02/04	AT&T Wireless PO Box 78628 Phoenix, AZ	365.34

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 ($)
4/02/04	Time Warner PO Box 650050 Dallas TX 75265	114.78

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 ($)
4/18/04	Rev. E. Collins Homestead Houston TX 77016	50.00

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

Donation / Townhall Mtg.

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 11-07-2001

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6 of 11

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 ($)
4/18/04	Rev. M. L. Holiday Tidwell Houston TX 77028	50.00

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

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 ($)
4/18/04	Doris Hubbard 1923 Dewalt Houston, TX 77088	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/04	Greater Northside Church Houston, TX	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	Payee name / Payee address; City; State; Zip Code	Amount ($)
5/03/04	Good Gang Inc. 1023 Pinemont St. Houston, TX 77088	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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8 of 11

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 ($)
5/13/04	Office Depot 11435 I-10 Houston, TX	206.17

8 Purpose of payment (See instructions regarding type of information required.): Printing, envelope/office 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 ($)
5/17/04	Kinko I-10 East Houston TX 770	643.60

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

•• 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 ($)
5/7/04	NAACP 2002 Wheeler St. Houston, TX 77004	350.00

Purpose of payment (See instructions regarding type of information required.): Brown V. Roe 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 ($)
5/17/04	5th Ward Baptist Church Noble Houston TX 770	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

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 11

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 ($)
5/24/04	NECCL Houston, TX 77026	85.60

8 Purpose of payment (See instructions regarding type of information required.): Refreshment/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 ($)
5/28/04	Settegast Civic Club Houston, TX	300.00

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 ($)
5/28/04	Wheatley Alumni Class '54 Houston, TX	100.00

Purpose of payment (See instructions regarding type of information required.): 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 ($)
5/28/04	American Express	1263.48

Purpose of payment (See instructions regarding type of information required.): Hotel + Airfare

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

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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): 10 of 11

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/02/04	Cingular Wireless PO Box 650574 Dallas TX 75265	121.35

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 ($)
6/02/04	AT&T Wireless PO Box 78628 Phoenix AZ	101.16

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 ($)
6/02/04	Time Warner PO Box 650050 Dallas TX 75265	114.70

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 ($)
6/09/04	Domino Pizza	138.65

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

Sponsor / Youth

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

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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): 11 of 11

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6/18/04	H BAD Houston, TX	500.00

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
Sponsor / AD	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6/18/04	Harris County Democratic Party 1445 N. Loop West Houston TX 77008	120.00

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
Membership	

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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