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:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE	FIRST	MI
City Council Member	Carol	M
NICKNAME	LAST	SUFFIX
	Galloway	

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

5 CAMPAIGN TREASURER NAME

TITLE	FIRST	MI
	Ernest	
NICKNAME	LAST	SUFFIX
"Big Mac"	McGowen	Sr.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
9010 Parkette		Houston, Texas 77078		

7 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(713)	635-3191	

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month	Day	Year		Month	Day	Year
07	01	01	THROUGH	10	06	01

10 ELECTION

ELECTION DATE Month	Day	Year
11	06	01

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any): Houston City Council Member District B

12 OFFICE SOUGHT (if known): Houston City Council Member District B

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

OFFICE USE ONLY

Date Received

RECEIVED OCT 8 2001 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt #	Amount
Date Processed	
Date Imaged	

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

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 280.00 XX
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 33150.00 XX

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 6312.22 XX
4.	**TOTAL POLITICAL EXPENDITURES**	$ 31637.32 XX

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

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

Carol M. Galloway
Signature of Candidate or Office holder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol M. Galloway, this the 8th day of October, 2001, to certify which, witness my hand and seal of office.

Anna Russell
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

ANNA RUSSELL
Notary Public, State of Texas
My Commission Exp. 7/7/05

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 11

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)	9 Principal occupation (Optional)	10 Employer (Optional)
7/17	Walter Criner [redacted] Houston, Texas 77057	250.00			
7/17	Linda Galloway [redacted] Houston, Texas 77015	$50.00			
7/17	John W. Pezvy [redacted] Houston, Texas 77288	250.00			
7/17	Renee L. Bossett [redacted] Houston, Tx 77088	$50.00			
7/17	Louis J. Bailey [redacted] Houston, Tx. 77004	$100.00			

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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 2 of 11

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)	9 Principal occupation (Optional)	10 Employer (Optional)
7/17/01	Alan Helfman [redacted] Houston, Texas 77024	100.00			
7/17/01	Larry Berkman [redacted] Houston, Texas 77056	100.00			
7/17/01	Lutfe Hassan [redacted] Houston, Texas 77042	250.00			
7/17/01	Benjamin L. Hall III [redacted] Houston, Tx. 77071	$2000.00	fundraiser reception $1500.00		
7/17/01	Sheryl Scott Chandler [redacted] Houston, Tx. 77025	$2000.00	fundraiser reception $1500.00		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 3 of 11

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)
7/17/01	Carl Dudensing [redacted] Houston, Texas 77002	$1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/17/01	Donald Dewberry [redacted] Houston, Texas 77002	$250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
7/20/01	Mr. Jesse Morris		$2000.00 2 month Headquarter Building usage
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/1/01	Sandra Mims [redacted] Houston, Texas 77035		5000.00 remodeling Headquarters
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)
8/1/01	Outdoor P.A.C. [redacted] Houston, Texas 77055	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 4 of 11

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)
8/1/01	David Harris	100.00	
8/16/01	Miss Odessa Sayles [redacted] Houston, Texas 77016	$50.00	
8/22/01	Larry Lockhart [redacted] Houston, Texas 77069		$1000.00 sign Distribution & Janitorial work
8/24/01	Harlon Brooks [redacted] Houston, Texas 77048	$1000.00	
8/28/01	Stephen A. & Kristine HRNCIR [redacted] Houston, Texas 77041	$150.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5 of 11

2 FILER NAME: CAROL MOMS 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 ($)	8 In-kind contribution description (if applicable)
8/28/01	Houston Associated General Contractors PAC. [redacted] 77092	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/01	Freelander Yarbrough [redacted] 77091		Distribute signs 1000.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/01	Linda Gamble [redacted] Houston, Texas 77091		2500.00 campaign consulting
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/7/01	Eloise Taylor [redacted] Houston, Texas 77026		office staff $200.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/7/01	Andre Gunter		$100.00
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 6 of 11

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)
9/13/01	IEC of Houston PAC [redacted] Houston, Texas 77007	$500.00	

9 Principal occupation (Optional)	10 Employer (Optional)

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)
9/14/01	Andre Gunter		100.00 office staff

Principal occupation (Optional)	Employer (Optional)

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)
9/14/01	Eloise Taylor [redacted] Houston, Tx. 77026		200.00 office staff

Principal occupation (Optional)	Employer (Optional)

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)
9/14/01	Locke Liddell & Sapp LLP [redacted] Houston, Texas 77003	$500.00	

Principal occupation (Optional)	Employer (Optional)

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)
9/21/01	Helen E. Wheatley [redacted] Houston, Tx. 77092	$50.00	

Principal occupation (Optional)	Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 7 of 11

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)
9/21/01	Lester or Shirley Howard [redacted] Houston, Tx 77028	$50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
9/21/01	Westchase PAC [redacted] Hou., Tx 77042	$250.00	
Principal occupation (Optional)		Employer (Optional)	
9/21/01	Alan or Renee Helfman [redacted] Houston, Tx 77024	$100.00	
Principal occupation (Optional)		Employer (Optional)	
9/21/01	Eloise Taylor [redacted] Houston, Tx. 77026		$200.00 campaign office staff
Principal occupation (Optional)		Employer (Optional)	
9/22/01	Ceaser Moore or Alice V. Moore [redacted] Houston, Texas 77016	$50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5 of 11

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 ($)	8 In-kind contribution description (if applicable)
9/28/01	Elaine Taylor [redacted] Houston, Tx 77026		6 days of office assistance 200.00
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/6/01	Eloise Taylor [redacted] Houston, Tx 77026		$ 200.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/01	James Fallon [redacted] Houston, Tx. 77002		fundraiser sponsor 350.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/31/01	Matthew W. Plummer Jr. DMD. MPH [redacted] Houston, Tx. 77002	$ 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)
9/6/01	Ricardo G. Casteneda [redacted] Katy, Tx 77450	250.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 9 OF 11

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)
9/10/01	HAA Better Government Fund [redacted] Houston, Tx 77099	$3000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/6/01	Dorothy Hubbard [redacted] Houston, Tx 77091		1200.00 Donation of Head Quarter bldg
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/24/01	Issac & Vera Matthews [redacted] 77091		sponsor reception 1000.00
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/27/01	James C. Box [redacted] Hou, Tx 77040	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)
10/03/01	Don & Bea Sowell [redacted] Prairie View, Tx 77446	$1000.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 10 OF 11

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)
9/27/01	Charles E. Jeanette A. Rash [redacted] Houston, Tx 77020	250.00 CC	

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)
10/1/01	West Gulf Maritime Assoc. PAC [redacted] Houston, Tx 77029	$1000.00 CC	

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)
9/27/01	Oneta P. Cavitt/Cheryle Cavitt [redacted] Houston, Texas 77091	$100.00 CC	

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)
9/27/01	Autharine H. Bell / James L. Bell [redacted] Houston, Tx 77091	$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)
9/23/01	Harold Wilcox [redacted] Houston, Tx. 77293	500.00	

Principal occupation (Optional) | Employer (Optional)

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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 A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11 of 11

2 FILER NAME: CAROL MEMS 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)
9/22/01	Mabel S. Caleb [redacted] Missouri City, Texas 77489-2521	$100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22/01	Susan E. Moreno or Warren Davis [redacted] Austin, Texas 78759	100.00	
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)
9/22/01	Otis Fogel, Jr. [redacted] Houston, Texas 77088	$50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
9/22/01	Crystal R. Peugh [redacted] Missouri City, Tx	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)
Principal occupation (Optional)		Employer (Optional)	

out-of-state PAC (ID#:_____)

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 of 12

2 FILER NAME: CAROL MINIS GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/4/01	Cingular Wireless P.O Box 660732 Dallas, Tx 752266	$ 382.62

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

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 ($)
7/16/01	Fry's Electronics 10241 N. Freeway Houston, Texas 77037	$ 181.20

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

** 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 ($)
7/16/01	Fry's Electronics 10241 N. Freeway Houston, Texas 77037	2495.71

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

** 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 ($)
	Home Depot 999 West Loop Houston, Tx. 77008	298.26

Purpose of payment (See instructions regarding type of information required.): Paint & Bldg. Supplies

** 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 17

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 ($)
7/20/01	Kaye Marvin Photography 4401 Montrose Houston, Tx. 77006	245.73

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

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

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 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/24/01	Cingular Wireless 3773 SW Freeway Houston TX 77027	54.11

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

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 ($)
8/4/01	Cingular Wireless P.O. Box 660732 Dallas TX 75226	436.24

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

•• 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 ($)
8/4/01	Linda Gamble 1306 Homer Houston, TX 77091	200.00

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

•• 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 ($)
8/5/01	John Poore 5959 Bonhomme Houston, TX 77036	250.00

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

•• 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: 4 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/5/01	SWBT 555 Main Rm 228 Beaumont TX 77701	1770. 00 XX

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

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 ($)
8/8/01	Clear Channel 1313 West Loop N. Houston, TX 77055	12,591. 98 XX

Purpose of payment (See instructions regarding type of information required.): Billboard 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 ($)
8/10/01	INTEGRITY II P.O. Box 7342 Houston, TX 77248	1800. 00

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

•• 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 ($)
8/10/01	Walmart I-10 East Houston, TX	91. 51 XX

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

•• 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: 5 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/17/01	Speedy Signs 3033 Fountain View Houston, TX 77057	109.35

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

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 ($)
8/23/01	HCD 1302 Waugh #809 Houston, TX 77019	149.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
8/23/01	Nothing over 99¢ Store 11075 I-10 East Houston, TX 77029	63.23

Purpose of payment (See instructions regarding type of information required.): flood Victim School 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 ($)
9/1/01	Home Depot 9990 N. North Loop Houston TX 77009	124.90

Purpose of payment (See instructions regarding type of information required.): STAPLES + NAILERS

•• 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: 6 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/2/01	Jesse Chapa Houston TX	368.00

8 Purpose of payment (See instructions regarding type of information required.): Headquarter Electrical 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 ($)
9/4/01	Cingular Wireless P.O Box 660731 Dallas, TX 75226	357.68

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

•• 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 ($)
9/7/01	Irma Lewis 1620 Dollywright Houston, TX	487.50

Purpose of payment (See instructions regarding type of information required.): food Community Breakfast

•• 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 ($)
9/11/01	Sprint Digital Print 3612 Mangum Ste 107 Houston, TX 77092	3500.00

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
8/5/01	Industrial Printing 1 Houston Ave Houston	5680.30 xx

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

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 ($)
9/13/01	Arne's Wholesale 2830 Hicks Houston TX 77007	55.85

Purpose of payment (See instructions regarding type of information required.): Decoration Headquarter's Grand Opening

•• 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 ($)
9/13/01	Fry's Electronic 10241 N. Freeway Houston, TX 77037	428.96 xx

Purpose of payment (See instructions regarding type of information required.): Data Port & Computer Accessory

•• 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 ($)
9/15/01	Luther Houston, TX	250.00 xx

Purpose of payment (See instructions regarding type of information required.): Carpet & Installation

•• 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 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/17/01	Office Depot 5330 W 34th Houston, TX 77092	108.20

8 Purpose of payment (See instructions regarding type of information required.): Computer Paper & Cartridge

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 ($)
9/21/01	U.S. Postmaster Houston, TX	102.00

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 ($)
9/21/01	Office Depot 3443 Kirby Dr Houston, TX 77098	137.01 X

Purpose of payment (See instructions regarding type of information required.): Winfax & Accessory

•• 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 ($)
9/21/01	Universal Printing 402 Cortlandt Houston TX 77007	141.10 X

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/21/01	Lacy's 9606 MESA HOUSTON, TX 77078	$1138.57

8 Purpose of payment (See instructions regarding type of information required.): Community 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 ($)
9/21/01	Baptist Ministers Association of Houston & Vicinity	500.00

Purpose of payment (See instructions regarding type of information required.): Supply Printed Material

•• 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 ($)
9/21/01	Sam's Club I-10 East Houston, TX	153.16

Purpose of payment (See instructions regarding type of information required.): Headquarter Refreshment + Grand Opening

•• 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 ($)
9/20/01	Office Max 1576 W. Gray Houston TX	652.60

Purpose of payment (See instructions regarding type of information required.): Photosmart C Cartridge, Supplies

•• 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: 10 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/21/01	Walmart I-10 East	86.50

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

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 ($)
9/22/01	Herb Mitchell 7611 Sterlingshire Houston, TX 77016	500.00

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

•• 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 ($)
9/24/01	City of Houston 900 Bagby Houston, TX 77002	500.00

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

•• 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 ($)
9/25/01	Fry's Electronic 10241 N. Freeway Houston, TX 77037	126.47

Purpose of payment (See instructions regarding type of information required.): Computer Supplies + Paper

•• 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: 10 of 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/27/01	Academy Awards 4102 Fannin Houston, TX 77004	1591.27

8 Purpose of payment (See instructions regarding type of information required.): T-Shirts

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 ($)
9/27/01	Creole Shack 5519 Caplin Houston, TX 77026	136.12 XX

Purpose of payment (See instructions regarding type of information required.): Seniors Citizen Reception

•• 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 ($)
9/28/01	Office Depot 6904 S.W. Freeway Houston, TX 77036	69.18 XX

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 ($)
9/28/01	Kinko 7309 S W Freeway Houston, TX 77074	397.25 XX

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 12 of 12

2 FILER NAME: CAROL MIMS GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/29/01	HERB MITCHELL 7611 STERLINGSHIRE HOUSTON, TX 77016	500. ☑

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/4/01	CINGULAR WIRLESS P. O. Box 660732 DALLAS TX 75226	416. 64 TX

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

** Complete if direct expenditure to benefit C/OH **: Candidate / Officeholder name / Office sought / Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/4/01	UNIVERSAL PRINTING 402 CORTLANDT HOUSTON TX 77007	571. 38 TX

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 ($)
10/6/01	SPRINT DIGITAL PRINT 3612 MANGUM STE 107 HOUSTON TX 77092	1718. 57 TX

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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