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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked.

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: CITY COUNCIL | FIRST: CARL | MI: M | NICKNAME | LAST: GALLOWAY | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 4810 LAVENDER ST | APT / SUITE #: | CITY: HOUSTON, | STATE: TX | ZIP CODE: 77026

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: ERNEST | MI | NICKNAME: "BIG MAC" | LAST: McGLOWEN | SUFFIX: SR.

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 9010 PARKETTE | APT / SUITE #: | CITY: HOUSTON, | STATE: TX | ZIP CODE: 77078

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) | PHONE NUMBER: 635-3191 | EXTENSION

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: 10 / 7 / 01 THROUGH Month Day Year: 10 / 29 / 01

10 ELECTION

ELECTION DATE Month Day Year: 11 / 06 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): CITY COUNCIL DIST. D

12 OFFICE SOUGHT (if known): SAME

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

GO TO PAGE 2

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	$ 155.00 XX
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 32,780.00 XXX
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 5856.00 XX
	4. **TOTAL POLITICAL EXPENDITURES**	$ 24,378.46 XXX
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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CAROL M. GALLOWAY, this the 29th day of October 2001, to certify which, witness my hand and seal of office.

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

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 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/11/01	International Assoc. of Plumbing & Mechanical officials [redacted] Walnut, CA 91789	250.00	

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)
10/11/01	Oscarene Braden [redacted] 77028	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)
10/11/01	Clyde Bailey [redacted]	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)
10/25/01	Sandra F. Cornelius [redacted] Houston, Tx. 77054	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)
10/25/01	Daniel T. Brooks [redacted] Houston, Tex 77071	100.00	

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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

POLITICAL 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 12

2 FILER NAME: CAROL M GALLOWAY

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/01	BARBARA HURWITZ		FOOD + DRINKS 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)
10/11/01	DARRYL KING		REFRESHMENTS 600.00

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)
10/11/01	SUE WALDEN		INVITATION 130.00

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)
10/15/01	JESSE MORRIS		1 MO. 1000.00 Headquarter Building usage

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)
10/15/01	DOROTHY HUBBARD [redacted] HOUSTON, TX 77071		HEADQUARTER BLDG USAGE 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: 3 of 12

2 FILER NAME: Carol M. 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)
10/19/01	John Scraggins [redacted] Mc. City, Tx. 77489	50.00			
10/16/01	Houston Police Officers Union [redacted] Hou., Tx 77007	10,000			
10/12/01	Concerned Citizens For Good Gvt. [redacted] Houston, Tx. 77004	500.00			
10/11	TREPAC / Texas Assoc. of Realtors PAC [redacted] Austin Tx. 78767-1986	500.00			
10/11	Linebarger Heard Goggan Blair Graham... [redacted] Austin, Texas 78760	500.00			

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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: 4 of 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/25/01	Michael W. or Mattie R. Ashley [redacted] Houston, Tx. 77028	500 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)
10/15/01	Clinton Ward [redacted] Hou., Tx 77063	500 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)
10/21/01	Houston Federation of Teachers [redacted] Houston Tx. 77027	500 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)
10/26/01	Floyd Nathaniel Williams, Sr [redacted] Houston, Tx. 77008	250 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)
10/18/01	Jerard M. Gross [redacted] Houston, Tx. 77056	250 cc	

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 12

2 FILER NAME: Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/11/01	Houston Fire Fighters PAC [redacted] Houston, Texas 77009	2000 cc	
9 Principal occupation (Optional)		10 Employer (Optional)	
10/10/01	Richard W. Weekley [redacted] Houston, Tx 77056	500 cc	
Principal occupation (Optional)		Employer (Optional)	
10/17/01	Texas Coalition for Good Government [redacted] Hou. Tx. 77098	500 00	
Principal occupation (Optional)		Employer (Optional)	
10/16/01	Across the Track [redacted] Houston, Texas 77221-4572	1500 00	
Principal occupation (Optional)		Employer (Optional)	
10/11/01	Akin Gump, Strauss, Hauer & Feld [redacted] Houston, TX 77002	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: 6 of 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/01	A&D Inspections [redacted] Houston, Tx 77293-1106	100 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)
10/13/01	Martha L. Hunter [redacted] Hou., Tx. 77050	100 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)
10/15/01	Ruby D. Maley [redacted] Hou., Tx [illegible]	100 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)
10/11/01	Nancy C. Fogarty [redacted] Houston, Tx. 77090	150 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)
10/11/01	Pamella R. Thorne [redacted] Houston, Texas	250 cc	

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 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/13/01	Edward King, Jr. [redacted] Houston, Tx 77050	50.00	

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)
10/13/01	Karen Levingston-Franklin [redacted] Houston, Tx 77035	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)
10/16/01	Johnny Tates [redacted] Houston, Tx. 77087	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)
10/11/01	Mr or Mrs. Edward Dixon [redacted] Hou. Tx. 77004-7807	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)
10/11/01	Lionel T. Evans or Willie M. Evans [redacted] Hou, Tx 77047	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: 8 of 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/12/01	Ricky Kamins [redacted] Houston, Tx. 77055	1,000 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)
10/11/01	Coats, Rose, P.A. [redacted] Houston, Tx 77002	1,000 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)
10/11/01	William D Hensan [redacted] Hou., Tx 7056	1000 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)
10/17/01	Page Southerland Page LLP [redacted] Houston, Tx 77056	1,000 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)
10/12/01	Greater Greensaint PAC [redacted] Houston, Tx. 77024	1000 CC	

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 12

2 FILER NAME: Carol M. Ezelbarry

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/01	George R. Dawson [redacted] Hou. Tx. 77028	250.00	

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)
10/11/01	Burney & Foreman Attys@Law [redacted] Houston, Texas 77009	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)
10/11/01	Kefelegne TesFaye [redacted] Stafford, Tx	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)
10/14/01	Pleasant Grove Missionary B.C [redacted] Houston, Tx. 77020	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)
10/11/01	Vinson & Elkins Texas PAC [redacted] Houston, Texas 77002-6760	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 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/10/01	Sonja Dee Raffeet [redacted] Hou., Tx 77293	50 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)
10/12/01	Charles H or Zettie M. Mock [redacted] Hou., Tx 77050	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)
10/11/01	Brenda Joyce Parker [redacted] Mo. City, Texas 77489	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)
10/11/01	Diael E Aviles or Barbara A. Aviles [redacted] Houston, Tx 77077-1942	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)
10/11/01	Dr. B.J. Perry [redacted] Hou., Tx 77067	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: 11 of 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/20/01	Building Light Inspirational Msc [redacted] Hou., Tx - 77091	50 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)
10/19/01	James Alan Wilson Susan Wilson [redacted] Overland Park, KS. 66221	100 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)
10/20/01	Billy Ray Grant Mary E Grant [redacted] Hou., Tx 77018	100 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)
10/18/01	Sheet metal workers Local Union 54	500 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)
10/24/01	Vinson & Elkins Texas PAC [redacted] Houston, Texas 77002	500 CC	

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: 12 of 12

2 FILER NAME: Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/22/01	Nathelyne A. Kennedy [redacted] Houston, Texas 77021	100.00	

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)

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)

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)

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)

Principal occupation (Optional)	Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 5

2 FILER NAME: CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/12/01	KINKO'S SW FREEWAY HOUSTON, TX	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/12/01	SPRINT DIGITAL PRINT 3612 MANGUM STE 107 HOUSTON, TX 77092	3193.38

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/12/01	AANEI WHENTLEY ST. HOUSTON, TX	500.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/12/01	INTERIM II PO Box 7342 77248 HOUSTON TX	400.00

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers): 20[illegible]5

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/17/01	SWBT 555 MAIN Rm 228 BEAMONT TX 77701	873.23

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

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 ($)
12/19/01	KCOH 4011 ALMEDA HOUSTON TX 77004	1000.00

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

•• 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 ($)
12/19/01	UNIVERAL PRINT 402 CORTLANDT HOUSTON TX 77007	1054.37

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/15/01	GREATER OAK BAPTIST 9618 SANDRA HOUSTON TX	100.00

Purpose of payment (See instructions regarding type of information required.): BANQUET TICKETS - SAMW

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers): 3075

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/20/01	INTERITY II P.O. Box 7342 HOUSTON TX 77248	1500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/22/01	FORWARD TIMES P.O. BOX 8346 HOUSTON, TX 77004	460.53

Purpose of payment (See instructions regarding type of information required.): NEWSPAPER 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 ($)
10/24/01	PHA GREEN PRINTING AKARD HOUSTON, TX	703.62

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 ($)
10/24/01	SPRINT DIGITAL PRINT 3612 MANGUM HOUSTON TX 77092	2662.95

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

-- 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 5

2 FILER NAME: CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/25/01	NAACP 2002 WHEELER HOUSTON TX 77004	750.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/25/01	Freelander Yarbrough 7350 WALKER'S FOREST 77091	150.00

Purpose of payment (See instructions regarding type of information required.): GASOLINE - 2 MONTHS

•• 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 ($)
10/26/01	U.S. POSTMASTER	3400.00

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 ($)
10/27/01	U.S. POSTMASTER	5678.00

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:*

2 FILER NAME: CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers): 5045

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/28/01	W.C. MANAGEMENT 1545 Ashland St Houston TX 77008	1651.68

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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