



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carol Mims Galloway

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. \*\*

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

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	\$ <u>110.<sup>00</sup>/<sub>xx</sub></u>
---	---

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>30200.<sup>00</sup>/<sub>xx</sub></u>
--	---

EXPENDITURE TOTALS

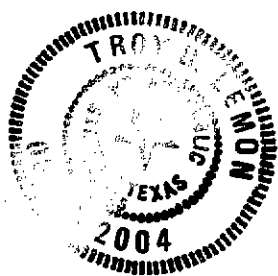
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>7984.<sup>40</sup>/<sub>xx</sub></u>
--	--

4. TOTAL POLITICAL EXPENDITURES	\$ <u>22537.<sup>11</sup>/<sub>xx</sub></u>
---------------------------------	---

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>-0-</u>
---	---------------

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 Mims Galloway  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Galloway, this the 15<sup>th</sup> day of January, 2002, to certify which, witness my hand and seal of office.

Troy L. Leman  
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1 of 6</b>
2 FILER NAME <b>CAROL MIMS GALLOWAY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/30/01</b>	5 Payee name <b>Cingular Wireless</b>	7 Amount (\$) <b>1008.<sup>68</sup>/<sub>xx</sub></b>
6 Payee address; City; State; Zip Code <b>PO Box 660732 DALLAS TX 75226</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>CELLULAR TELEPHONE</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/31/01</b>	Payee name <b>Sprint Digital Print</b>	Amount (\$) <b>1258.<sup>95</sup>/<sub>xx</sub></b>
Payee address; City; State; Zip Code <b>3612 Mangum Houston, TX 77092</b>		
Purpose of payment (See instructions regarding type of information required.) <b>yard signs</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>10/31/01</b>	Payee name <b>Academy Award</b>	Amount (\$) <b>1495.<sup>30</sup>/<sub>xx</sub></b>
Payee address; City; State; Zip Code <b>4102 Fannin Houston, TX 77004</b>		
Purpose of payment (See instructions regarding type of information required.) <b>'T' Shirts</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>11/2/01</b>	Payee name <b>Georgia Provost</b>	Amount (\$) <b>300.<sup>00</sup></b>
Payee address; City; State; Zip Code <b>3821 MacGregor Way Houston, TX 77004</b>		
Purpose of payment (See instructions regarding type of information required.) <b>pictures</b>		** 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 6

2 FILER NAME

CAROL MIMS GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

11/2/01

Academy Award

6 Payee address; City; State; Zip Code

402 Fannin St  
Houston, TX 77004

198.  $\frac{64}{xx}$

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

"T" Shirt

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/5/01

Sprint Digital Print

Payee address; City; State; Zip Code

3612 Mangum  
Houston, TX 77092

1258.  $\frac{98}{xx}$

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

Yard signs

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/7/01

Interity II

Payee address; City; State; Zip Code

P.O. Box 7342  
Houston, TX 77248

3000.  $\frac{00}{xx}$

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

Coordinated election

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

11/7/01

Norma Bediako

Payee address; City; State; Zip Code

Houston, TX

7200.  $\frac{00}{xx}$

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

card pushers/<sup>ELECTION DAY ACTIVITY</sup> DRIVERS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
3 of 6

2 FILER NAME  
CAROL MIMS GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date  
11/8/01

5 Payee name  
Freelander Yarbrough  
6 Payee address; City, State; Zip Code  
7350 Walker Forest  
Houston TX 77091

7 Amount (\$)  
500.00

8 Purpose of payment (See instructions regarding type of information required.)  
Yard Sign Coordinator

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

Date  
11/8/01

Payee name  
Sandra Mims  
Payee address; City, State; Zip Code  
6330 Ludington  
Houston, TX 77035

Amount (\$)  
500.00

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

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

Date  
11/8/01

Payee name  
Linda Johnson  
Payee address; City, State; Zip Code  
Houston, TX

Amount (\$)  
500.00

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

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

Date  
11/8/01

Payee name  
Andre Gunter  
Payee address; City, State; Zip Code

Amount (\$)  
200.00

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

\*\* 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 6**

2 FILER NAME  
**CAROL Mims GALLOWAY**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>11/8/01</b>	5 Payee name <b>ELOISE TAYLOR</b>	7 Amount (\$) <b>200.<sup>00</sup><del>xx</del></b>
6 Payee address; City, State; Zip Code <b>5002 RAND HOUSTON, TX 77026</b>		

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

Date <b>11/10/01</b>	Payee name <b>Reliant HELP</b>	Amount (\$) <b>657.<sup>28</sup><del>xx</del></b>
Payee address; City, State; Zip Code <b>HOUSTON, TX</b>		

Purpose of payment (See instructions regarding type of information required.) <b>Lights for headquarter</b>	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
--	--

Date <b>11/15/01</b>	Payee name <b>Interity II</b>	Amount (\$) <b>1000.<sup>00</sup><del>xx</del></b>
Payee address; City, State; Zip Code <b>P.O. BOX 7342 HOUSTON, TX 77248</b>		

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

Date <b>11/18/01</b>	Payee name <b>Cingular Wireless</b>	Amount (\$) <b>647.<sup>56</sup><del>xx</del></b>
Payee address; City, State; Zip Code <b>P O BOX 660732 DALLAS, TX 75226</b>		

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> 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: <b>5 of 6</b>
2 FILER NAME <b>CAROL Mims GALLOWAY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>12/2/01</b>	5 Payee name <b>SWBT</b>	7 Amount (\$) <b>452.<sup>56</sup><sub>74</sub></b>
6 Payee address; City; State; Zip Code <b>PO BOX 1780 HOUSTON, TX 77251</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>HEADQUARTERS TELEPHONES</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/10/01</b>	Payee name <b>Cingular Wireless</b>	Amount (\$) <b>512.<sup>38</sup><sub>XX</sub></b>
Payee address; City; State; Zip Code <b>P.O. BOX 660732 DALLAS, TX 75226</b>		
Purpose of payment (See instructions regarding type of information required.) <b>cellular</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/16/01</b>	Payee name <b>Creole Shack</b>	Amount (\$) <b>1000.<sup>00</sup><sub>XX</sub></b>
Payee address; City; State; Zip Code <b>Caplin HOUSTON, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>Campaign Christmas</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <b>12/17/01</b>	Payee name <b>U.S. Postmaster</b>	Amount (\$) <b>102.<sup>00</sup><sub>XX</sub></b>
Payee address; City; State; Zip Code <b>HOUSTON, TX</b>		
Purpose of payment (See instructions regarding type of information required.) <b>STAMPS / THANK YOU / HOLIDAY</b>		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:  
**6 of 6**

2 FILER NAME  
**CAROL MIMS GALLOWAY**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/18/01**

5 Payee name  
**HOUSTON LIVESTOCK SHOW & ROPEO**

7 Amount (\$)  
**58.00**

6 Payee address; City; State; Zip Code  
**HOUSTON, TX 77**

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

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**



**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 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1/01

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

Winstead Sehnrest &amp; Minick P.C. PAC

6 Contributor address; City; State; Zip Code

Dallas, Tx. 75270

7 Amount of contribution (\$)

1000<sup>00</sup>

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/1/01

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

James T. or Maureen Hackett

Contributor address; City; State; Zip Code

Hou., Texas 77019

Amount of contribution (\$)

200<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

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

Lance Gilliam

Contributor address; City; State; Zip Code

Hou., Tx. 77098

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

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

Gerald or Marsherris Wilson

Contributor address; City; State; Zip Code

Katy, Tx. 77450

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

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

Thaddeus S. Lott

Contributor address; City; State; Zip Code

Hou., Tx. 77088-7437

Amount of contribution (\$)

250<sup>00</sup>

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 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 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/1/01

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

RL Tax & Accounting Services

7 Amount of contribution (\$)

300<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

[REDACTED]

Hou., Tx. 77060

9 Principal occupation (Optional)

10 Employer (Optional)

Date

11/1/01

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

M.J. Rita Reddy

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Hou., Tx. 77479 (Sugarland)

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

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

Kenneth A. & Cynthia James

Amount of contribution (\$)

1000<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Hou., Tx. 77205

Principal occupation (Optional)

Employer (Optional)

Date

11/1/01

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

Willie Jones

Amount of contribution (\$)

1000<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Hou., Tx. 77026

Principal occupation (Optional)

Employer (Optional)

Date

11/2/01

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

Essmyer & Trifico, L.L.P.

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

[REDACTED]

Houston, Texas 77007-7394

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 CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: <b>3 of 9</b>	
2 FILER NAME <b>Carol Mims Galloway</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/2/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Varinder (Bobby) P. Singh or Jasmeeta</b>	7 Amount of contribution (\$) <b>1000<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Tx. 77041</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>11/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth S. Stewart Smith or Brian Smith</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Tx. 77004</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Uptown Houston Political Action Cde.</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, Texas 77056</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Leonard Childress &amp; Beverly Childress</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Tx. 77071</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>11/1/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rev. James W.E Dixon II</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Tx.</b>			
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 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 9**

2 FILER NAME

**Carol Mims Galloway**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**11/2/01**

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

**Dennis J. McGinnis**

6 Contributor address; City; State; Zip Code

**Hou., Tx. (Kingwood) 77339**

7 Amount of contribution (\$)

**2500<sup>00</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**11/5/01**

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

**Garnet F. Coleman**

Contributor address; City; State; Zip Code

**Hou., Texas 77288-8140**

Amount of contribution (\$)

**500<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**11/5/01**

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

**Richard B. Mayor**

Contributor address; City; State; Zip Code

**Hou., Tx. 77056**

Amount of contribution (\$)

**500<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**11/6/01**

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

**International Longshoremen's Assoc.**

Contributor address; City; State; Zip Code

**Int. PAC  
Hou., New York, NY 10004**

Amount of contribution (\$)

**2000<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**11/8/01**

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

**Baker & Bots Amicus Fund**

Contributor address; City; State; Zip Code

**Houston, Tx. 77002**

Amount of contribution (\$)

**500<sup>00</sup>**

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 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: <b>5 of 9</b>	
2 FILER NAME <b>Carol Mims Galloway</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>11/8/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Joe Rollins</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] Houston, Texas 77026</b>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) <b>Victory Party 2000<sup>00</sup></b>
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>11/7/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>PHCG Investments</b> Contributor address; City; State; Zip Code <b>[REDACTED] Houston, Texas 77253</b>	Amount of contribution (\$) <b>750<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>11/16/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Darshan K. or Jasbir Singh</b> Contributor address; City; State; Zip Code <b>[REDACTED] Houston, Texas (Sugarland) 77479</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date <b>11/10/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jesse Morris</b> Contributor address; City; State; Zip Code <b>[REDACTED] Houston, Texas 77016</b>	Amount of contribution (\$)	In-kind contribution description (if applicable) <b>2000<sup>00</sup> Building usage (2 months)</b>
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> 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 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 9

2 FILER NAME

Carol Mims Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/14/01

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

Roberto Lay-su

7 Amount of contribution (\$)

100<sup>00</sup>

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, Texas 77031

9 Principal occupation (Optional)

10 Employer (Optional)

Date

12/14/01

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

Nathelyne A. Kennedy

Amount of contribution (\$)

100<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, Texas 77081

Principal occupation (Optional)

Employer (Optional)

Date

12/12/01

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

Ali Davari

Amount of contribution (\$)

250<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
Hou., Tx. 77257-0413

Principal occupation (Optional)

Employer (Optional)

Date

12/12/01

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

C.M. Garver

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, Texas 77023

Principal occupation (Optional)

Employer (Optional)

Date

12/19/01

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

Darryl B. Carter

Amount of contribution (\$)

500<sup>00</sup>

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, Tx. 77054-7113

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 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: <b>7 of 9</b>	
2 FILER NAME <b>Card Mims Galloway</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/21/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>3D/I PAC.</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] <b>Hou. Tx. 77027</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>12/20/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Landry's Restaurants, PAC.</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, Texas 77056</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>12/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David F. Martinez</b>	Amount of contribution (\$) <b>1000<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Houston, Texas 77062</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>12/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony L. Council</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Tx 77042</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>12/2/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. Jack Linville</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] <b>Hou., Texas 77058</b>			
Principal occupation (Optional)		Employer (Optional)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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 9**

2 FILER NAME  
**Carol M. Galloway**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**12/2/01**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Transportation Workers**  
6 Contributor address; City, State, Zip Code  
[Redacted]  
**Houston, Texas**

7 Amount of contribution (\$)  
**500<sup>00</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**12/2/01**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Peter Hoyt Brown**  
Contributor address; City, State, Zip Code  
[Redacted]  
**Houston, Texas 77098**

Amount of contribution (\$)  
**250<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**12/2/01**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Charles Douglas Gooden or  
Reggie J. Ray Gooden**  
Contributor address; City, State, Zip Code  
[Redacted]  
**Houston, Texas 77085**

Amount of contribution (\$)  
**250<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**12/2/01**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Houston Dock & Marine Council  
PAC**  
Contributor address; City, State, Zip Code  
[Redacted]  
**Houston, Texas (Pasadena) 77508**

Amount of contribution (\$)  
**300<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**12/2/01**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lineberger, Heard, Goggin Blair Graham**  
Contributor address; City, State, Zip Code  
[Redacted]  
**Austin, Texas 78760**

Amount of contribution (\$)  
**1000<sup>00</sup>**

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 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 9**

2 FILER NAME

**Carol Mims Galloway**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**12/7/01**

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

**George R. Dawson**

6 Contributor address; City; State; Zip Code

**Houston, Texas 77028**

7 Amount of contribution (\$)

**1000<sup>00</sup>**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**12/12/01**

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

**Christopher D. Hageney**

Contributor address; City; State; Zip Code

**Houston, Texas 77035**

Amount of contribution (\$)

**200<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**12/12/01**

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

**Mary Hammer-Menzel**

Contributor address; City; State; Zip Code

**Houston, Texas 77002**

Amount of contribution (\$)

In-kind contribution description (if applicable)

**500<sup>00</sup>  
Fundraiser  
reception**

Principal occupation (Optional)

Employer (Optional)

Date

**12/12/01**

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

**Rudolph H. Bruhns**

Contributor address; City; State; Zip Code

**Houston, Texas 77025**

Amount of contribution (\$)

**1000<sup>00</sup>**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**12/12/01**

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

**Briane Judith Cunningham**

Contributor address; City; State; Zip Code

**Houston, Texas 77095**

Amount of contribution (\$)

**250<sup>00</sup>**

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.