

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

COUNCIL MEMBER CAROL M. GALLOWAY

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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	\$	\$25.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	\$19,333.83
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	\$3328.68
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4. TOTAL POLITICAL EXPENDITURES	\$	\$13,644.29
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OUTSTANDING LOAN TOTALS

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



AFFIX NOTARY STAMP / SEAL ABOVE

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

Carol M. Galloway
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said CAROL MIMS GALLOWAY, this the 15th day of JULY, 20 02, to certify which, witness my hand and seal of office.

Troy D. Lemon
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE 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 8	
2 FILER NAME COUNCIL MEMBER CAROL M. GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/22/02	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C0011008) WASTE MANAGEMENT PAC 6 Contributor address: City: State: Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/21/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TEXAS WESTON PAC Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/21/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALBERT LUNA III Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/22/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANSUM PAC Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/09/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES & PEGGY GOODEN Contributor address: City: State: Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/13/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) C. M. GARVER	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/15/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM D. HENSON	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDY SCHATTE	Amount of contribution (\$) \$1226.58	In-kind contribution description (if applicable) RECEPTION
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINEBARGER GOGGAN BLAIR PENA & SAMPSON, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOCKE LIDDELL & SAPP, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE 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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/19/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VAL R. THOMPSON 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK POLLAN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 01/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN DAVIS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIOLA D. FISHER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERALD BRADY Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE 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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/19/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES D. DANNENBAUM 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS & ASSOCIATES REALTORS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RELIANT ENERGY PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNEY & FOREMAN Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE BARBOSA Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
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 8

2 FILER NAME

COUNCIL MEMBER CAROL MIMS GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

02/19/02

5 Full name of contributor

TREPAC

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

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

02/19/02

Full name of contributor

ROSS C. ALLYN

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/19/02

Full name of contributor

NANCY C FOGARTY

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/19/02

Full name of contributor

ISAAC & VERA MATTHEWS

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

02/19/02

Full name of contributor

DARRYL CARTER

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500.00

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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/19/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERMES REED ARCHITECTS PAC 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEXAS COALITION FOR GOOD GOVERNMENT Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WARREN DAVIS Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOAH BARBOZA, JR. Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/28/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA K. JOINER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 02/28/02	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK L. BOYER	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JUDGE JOHN PEAVY	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOUSTON FIRE FIGHTERS POLITICAL ACTION FUND	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/19/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Algenita Scott Davis	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/13/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLIFF P. MCDANIELD	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
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 8	
2 FILER NAME COUNCIL MEMBER CAROL MIMS GALLOWAY		3 ACCOUNT # (Ethics Commission filers)	
4 Date 03/01/02	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) PARSONS CORPORATION PAC 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/27/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE DAWSON Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/02	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAYMOND L. FISHER Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) \$307.25	In-kind contribution description (if applicable)
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)	
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)	

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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 4

2 FILER NAME
COUNCIL MEMBER CAROL M. GALLOWAY **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
01/05/02	RELIANT ENERGY <small>6 Payee address; City; State; Zip Code</small> HOUSTON, TX	\$418.36

8 Purpose of payment (See instructions regarding type of information required.) ELECTRIC PAYMENT FOR HEADQUARATERS	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
01/18/02	CINGULAR WIRELESS <small>Payee address; City; State; Zip Code</small> PO BOX 660732 DALLAS, TX 75226	\$614.47

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
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Date	Payee name	Amount (\$)
02/20/02	CINGULAR WIRELESS <small>Payee address; City; State; Zip Code</small> PO BOX 660732 DALLAS, TX 75226	\$303.79

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	Amount (\$)
03/02/02	W. C. MANAGEMENT <small>Payee address; City; State; Zip Code</small> 1545 ASHLAND HOUSTON, TX 77008	\$307.75

Purpose of payment (See instructions regarding type of information required.) LABEL/MAILING SERVICE	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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 4
2 FILER NAME COUNCIL MEMBER CAROL M. GALLOWAY		3 ACCOUNT # (Ethics Commission filers)
4 Date 03/18/02	5 Payee name CINGULAR WIRELESS <hr style="border-top: 1px dotted black;"/> 6 Payee address; City; State; Zip Code PO BOX 660732 DALLAS, TX 75226	7 Amount (\$) \$410.84
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 04/11/02	Payee name U. S. POSTMASER <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) \$510.00
Purpose of payment (See instructions regarding type of information required.) MAILING/TOWN HALL MEETINGS		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/18/02	Payee name CINGULAR WIRELESS <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO BOX 660732 DALLAS, TX 75226	Amount (\$) \$390.26
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 1/24/02	Payee name AT&T <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code PO BOX 2971 OMAHA, NE 68103	Amount (\$) \$147.75
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

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 4

2 FILER NAME

COUNCIL MEMBER CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date
05/20/02

5 Payee name
CINGULAR WIRELESS
6 Payee address; City; State; Zip Code
PO BOX 660732
DALLAS, TX 75226

7 Amount (\$)
\$401.35

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
05/22/02

Payee name
FRY'S ELECTRONICS
Payee address; City; State; Zip Code
10241 NORTH FREEWAY
HOUSTON, TX 77037

Amount (\$)
\$922.29

Purpose of payment (See instructions regarding type of information required.)
COMPUTER, MONITOR, & SOFTWARE

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

Date
06/20/02

Payee name
CINGULAR WIRELESS
Payee address; City; State; Zip Code
PO BOX 660732
DALLAS, TX 75226

Amount (\$)
\$238.58

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
06/27/02

Payee name
HERBERT MITCHELL
Payee address; City; State; Zip Code
7611 STERLINGSHIRE
HOUSTON, TX 77016

Amount (\$)
\$1,000.00

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 OF 4

2 FILER NAME

COUNCIL MEMBER CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

06/27/02

NORMA BEDIAKO

6 Payee address; City; State; Zip Code
3826 BELGRADE
HOUSTON, TX 77045

\$1,000.00

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

CAMPAIGN LABOR

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

06/27/02

FELICIA HALL

Payee address; City; State; Zip Code
6122 SPRING HAVEN DR
HUMBLE, TX 77396

\$1,000.00

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

CAMPAIGN LABOR

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

Amount (\$)

Payee address; City; State; Zip Code

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1 OF 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

COUNCIL MEMBER CAROL M. GALLOWAY

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
01/03/02	CREOLE SHACK 5819 CAPLIN HOUSTON, TX 77026	CONGRATULATORY LUNCHEON	\$600.00
01/05/02	LINDA JOHNSON 4606 FM 1960 WEST, SUITE 400 HOUSTON, TX 77046	PRINTING/DECORATION/COORDINATING LUNCHEON	\$300.00
01/05/02	HARRIS COUNTY DEMOCRATIC PARTY 2404 LA BRANCH HOUSTON, TX 77004	AD SOUVENIR BOOKLET	\$175.00
01/17/02	OUR MOTHER OF MERCY CATHOLIC CHURCH 4000 SUMPTER HOUSTON, TX 77020	AD SOUVENIR BOOKLET	\$100.00
02/09/02	YMCA NE 7901 TIDWELL HOUSTON, TX 77028	SPONSOR TABLE	\$500.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 OF 4

2 FILER NAME

COUNCIL MEMBER CAROL M. GALLOWAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
03/01/02	TEXAS SOUTHERN UNIVERSITY ALUMNI ASSOCIATION 6 Payee address; City; State; Zip Code WHEELER AVENUE HOUSTON, TX 7 Purpose of expenditure (See instructions regarding type of information required.) SPONSOR STUDENT	\$50.00
03/02/02	Payee name ANDRE GUNTER Payee address; City; State; Zip Code HOUSTN, TX Purpose of expenditure (See instructions regarding type of information required.) SPONSOR TIDWELL BASEBALL LEAGUE	\$100.00
03/02/01	Payee name LINDA JOHNSON Payee address; City; State; Zip Code HOUSTON, TX Purpose of expenditure (See instructions regarding type of information required.) PRINTING, COORDINATING 100TH BIRTHDAY CELEBRATION	\$500.00
03/12/02	Payee name SHADYDALE ELEMENTARY Payee address; City; State; Zip Code TIDWELL HOUSTON, TX Purpose of expenditure (See instructions regarding type of information required.) SPONSOR CHEERLEADER	\$100.00
03/13/02	Payee name ALF Payee address; City; State; Zip Code HOUSTON, TX Purpose of expenditure (See instructions regarding type of information required.) SPONSOR BANQUET	\$200.00

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

3 OF 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

COUNCIL MEMBER CAROL M. GALLOWAY

4 Date 03/25/02	5 Payee name FBC BNA 6 Payee address; City; State; Zip Code 15426 INDIAN WOOD MISSOURI CITY, TX 77489	8 Amount (\$) \$100.00
7 Purpose of expenditure (See instructions regarding type of information required.) SOUVENIR AD		

Date 04/02/02	Payee name TLOD SUGAR VALLEY CHAPTER Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) YOUTH SPONSOR		

Date 04/11/02	Payee name NE DISTRICT-HISD Payee address; City; State; Zip Code HOUSTON, TX	Amount (\$) \$500.00
Purpose of expenditure (See instructions regarding type of information required.) SPONSOR TEACHER OF THE YEAR		

Date 04/25/02	Payee name EVERY TEXAN FOUNDATION, INC. Payee address; City; State; Zip Code	Amount (\$) \$1000.00
Purpose of expenditure (See instructions regarding type of information required.)		

Date	Payee name HOBART TAYLOR PARK PAC Payee address; City; State; Zip Code	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) AD SOUVENIR BOOKLET		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

4 OF 4

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

COUNCIL MEMBER CAROL M. GALLOWAY

4 Date

05/25/02

5 Payee name

CONTINENTAL AIRLINES

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

8 Amount (\$)

\$340.00

7 Purpose of expenditure (See instructions regarding type of information required.)
FLIGHT TO EL PASO, TX

Date
06/05/02

Payee name

BREAKFAST KLUB

Payee address; City; State; Zip Code
HOUSTON, TX

Amount (\$)

\$185.00

Purpose of expenditure (See instructions regarding type of information required.)
COUNCIL BREAKFAST

Date
06/17/02

Payee name

AMERICAN EXPRESS

Payee address; City; State; Zip Code

Amount (\$)

\$628.85

Purpose of expenditure (See instructions regarding type of information required.)
HOTEL- EL PASO, TX-CONVENTION

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

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