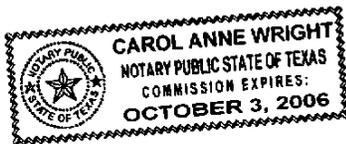


**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME		Houston Citizens PAC		ACCOUNT #	
13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported	CAROL ALVARADO, ADA EDWARDS CAROL MIMS GALLOWAY		
		B. Opposed	N/A		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported	N/A		
		B. Opposed	N/A		
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	CAROL ALVARADO, ADA EDWARDS CAROL MIMS GALLOWAY			
	14 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0
2.		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	800.00	
EXPENDITURE TOTALS		3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0
		4.	TOTAL POLITICAL EXPENDITURES	\$	750.00
CONTRIBUTION BALANCE		5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1050.00
OUTSTANDING LOAN TOTALS		6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

15 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 75, Election Code.

[Handwritten Signature]
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Demetrius J. Matthews, this the 15th day of January 2004, to certify which, witness my hand and seal of office.

[Handwritten Signature] Carol A. Wright Escrow officer
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 1	
2 FILER NAME HOUSTON Citizens PAC		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/2/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EVA JACKSON	7 Amount of contribution (\$) \$250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation \ Job title (See Instructions) CONSULTING \ OWNER		10 Employer (See Instructions) RHJ BLACKSMITH LLC	
Date 12/2/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Celvonn Butler	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) ADVERTISING \ OWNER		Employer (See Instructions) 432 CREATIVE	
Date 12/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CANDACE M. BROOKS	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation \ Job title (See Instructions) RESTAURANT \ PRESIDENT		Employer (See Instructions) HARLOW'S BBQ	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions) HARLOW'S	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES **SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: ①

2 FILER NAME Houston Citizens Pac 3 ACCOUNT # (Ethics Commission filers)

4 Date <u>12/2/03</u>	5 Payee name <u>CAROL MIMS GALLOWAY</u>	7 Amount (\$) <u>\$50</u>
6 Payee address; City; State; Zip Code <u>PO Box 21570 Houston TX 77226</u>		

8 Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN CONTRIBUTION</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>CAROL MIMS GALLOWAY</u> Office sought: <u>District B</u> Office held:
---	--

Date <u>12/2/03</u>	Payee name <u>ADA EDWARDS</u>	Amount (\$) <u>\$250</u>
Payee address; City; State; Zip Code <u>PO Box 667307 Houston TX 77266</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN CONTRIBUTION</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>ADA EDWARDS</u> Office sought: <u>District D</u> Office held:
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Date <u>12/2/03</u>	Payee name <u>CAROL ALVARADO</u>	Amount (\$) <u>\$250</u>
Payee address; City; State; Zip Code <u>9213 E. Avenue L Houston TX 77012</u>		

Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN CONTRIBUTION</u>	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: <u>CAROL ALVARADO</u> Office sought: <u>District I</u> Office held:
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

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:
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED