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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED JAN 18 2005 CITY SECRETARY

FORM C/OH COVER SHEET PG 1

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

1 ACCOUNT # (Ethics Commission filers): 1980

2 Total pages this report: 1/17

3 CANDIDATE / OFFICEHOLDER NAME	TITLE: Ms. FIRST: Carol MI: NICKNAME: LAST: Alvarado SUFFIX:	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9213 E. Avenue L. Houston TX 77012	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE: Mr. FIRST: Richard MI: NICKNAME: LAST: Huff SUFFIX:	Receipt # / Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1301 McKinney,Suite 5100 Houston TX 77010	
7 CAMPAIGN TREASURER PHONE	AREA CODE: (713) PHONE NUMBER: 651-3626 EXTENSION:	

8 REPORT TYPE

- [X] 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 07/01/2004 THROUGH Month Day Year 12/31/2004

10 ELECTION: ELECTION DATE Month Day Year; ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE: OFFICE HELD (if any) Other -- City Council - District I

12 OFFICE SOUGHT (if known)

13 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

(Effective 12/16/1999)

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Ms. Carol Alvarado

15 ACCOUNT # (Ethics Commission filers)
1980

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes 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
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidavid 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	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 926.07

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 18190.04

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

CHRISTOPHER MAYS
Notary Public, State of Texas
My Commission Expires
July 11, 2007

Christopher Mays

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 A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/27/2004	Laredo National Bank 6 Contributor address; City; State; Zip Code [redacted] Laredo TX 78042	926.07	Interest on account

9 Principal occupation (Optional)	10 Employer (Optional)

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 report: 4/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/10/2004	Ms. Aliana Acosta 1626 Aspen Grove Houston TX 77077	25.97

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for expenses

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 ($)
07/16/2004	Acres Homes CDC 6719 W. Montgomery Rd.,Suite 223 Houston TX 77091	75.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of 7th Annual Awards Banquet

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 ($)
07/12/2004	Ms. Carol Alvarado 9213 E. Avenue L. Houston TX 77012	1290.40

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

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 ($)
08/30/2004	Ms. Carol Alvarado 9213 E. Ave. L Houston TX 77012	612.20

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

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 report: 5/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/01/2004	American Legion Post 472 7599 Avenue C Houston TX 77012	150.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Christmas basket program

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 ($)
10/14/2004	Burnet Elementary 5403 Canal Houston TX 77011	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for fall festival

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 ($)
09/15/2004	CWA Local 6222 1730 Jefferson Houston TX 77003	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation for commemoritive brick campaign

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 ($)
08/02/2004	Campos Communications 816 Ralfallen Houston TX 77008	852.68

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

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

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 report: 6/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission files)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/17/2004	Campos Communications 816 Ralfallen Houston TX 77008	1000.00

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

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 ($)
09/22/2004	Campos Communications 816 Ralfallen Houston TX 77008	1000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/17/2004	Campos Communications 816 Ralfallen Houston TX 77008	885.54

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

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 ($)
07/30/2004	Carroll Printing 2907 Canal Houston TX 77003	3078.32

Purpose of expenditure (See instructions regarding type of information required.)
Printing of National Night Out Materials

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 7/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/18/2004	Carroll Printing 2907 Canal Houston TX 77003	1303.87

8 Purpose of expenditure (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 ($)
07/12/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	75.00

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

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 ($)
08/14/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	207.40

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

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 ($)
10/04/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	241.60

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

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

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 report: 8/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/15/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	147.33

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

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 ($)
11/14/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	295.78

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

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 ($)
12/30/2004	Cingular Wireless P.O. Box 650574 Dallas TX 75265-0574	209.02

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

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 ($)
09/15/2004	Constable Victor Trevino Campaign P.O. Box 15121 Houston TX 77020	100.00

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

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

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 report: 9/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/09/2004	Denver Harbor Civic Club P.O. Box 15900 Houston TX 77220-5900	125.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of scholarship dinner

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 ($)
08/13/2004	Dinosaur Plastics 4727 Gulf Freeway Houston TX 77023	67.66

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

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 ($)
08/14/2004	Drexlers BBQ 2020 Dowling Houston TX 77004	1502.00

Purpose of expenditure (See instructions regarding type of information required.)
Catering for State of District I breakfast

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/20/2004	Graciana Garces 9550 Ella Lee Lane Houston TX 77063	148.09

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

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 report: 10/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
09/15/2004	Garden Villas United Methodist Church 7155 Ashburn Houston TX 77061-2611	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Donation for annual fundraiser

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 ($)
09/20/2004	Ms. Gloriella Gonzalez 3602 Lazywood Ln. Houston TX 77023	27.00

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

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 ($)
11/03/2004	Ms. Gloriella Gonzalez 3602 Lazywood Ln. Houston TX 77023	100.29

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

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 ($)
11/05/2004	Ms. Gloriella Gonzalez 3602 Lazywood Ln. Houston TX 77023	90.00

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

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

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 report: 11/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
07/10/2004	Greater Magnolia Pineview Civic Club 137 Woodvale Houston TX 77011	100.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Donation for National Night Out

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 ($)
11/04/2004	Greater Zion Missionary Baptist Church 3202 Truelley Houston TX 77004	60.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship for the Greater Zion Event

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 ($)
10/23/2004	Ruben Guerra 7914 Canal Houston TX 77012	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Donation to annual Halloween Children's Party

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 ($)
09/15/2004	Holy Name Catholic Church 1917 Cochran Houston TX 77009	50.00

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

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

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 report: 12/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/25/2004	Houston Chronicle P.O. Box 4260 Houston TX 77210	188.27

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

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 ($)
12/29/2004	Houston Livestock Show and Rodeo P.O. Box 20070 Houston TX 77225-0070	50.00

Purpose of expenditure (See instructions regarding type of information required.)
Advertising for 2005 program

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 ($)
11/28/2004	Inner City Nutcracker 1724 Alta Vista Houston TX 77023	150.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Nutcracker performance for children

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 ($)
09/10/2004	Mr. Previn Jones 7625 Spinet Houston TX 77016	46.01

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 13/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/03/2004	Ms. Alice Lee 5411 Queensloch Houston TX 77096	317.28

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for expenses

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 ($)
07/09/2004	Manchester Civic Club 333 Lockwood Houston TX 77011	100.00

Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Manchester Civic Club Spaghetti Din - ner

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 ($)
10/14/2004	Million Worker March Travel Fund P.O. Box 10952 Houston TX 77206	200.00

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

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 ($)
07/16/2004	Monarch Printing 6605 McGrew Houston TX 77087	221.31

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

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

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 report: 14/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/22/2004	Monarch Printing 6605 McGrew Houston TX 77087	228.78

8 Purpose of expenditure (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 ($)
12/17/2004	Monarch Printing 6605 McGrew Houston TX 77087	1136.62

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

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 ($)
10/04/2004	NALEO 1122 W. Washington Blvd. Los Angeles CA 90015	100.00

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

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 ($)
09/15/2004	National League of Cities 1301 Pennsylvania Ave.,NW,Suite 550 Washington DC 20004-1763	35.00

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

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 15/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/18/2004	Pizza Hut 710 S. Wayside Houston TX 77023	239.11

8 Purpose of expenditure (See instructions regarding type of information required.)
Pizza for District I Christmas Party

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 ($)
12/16/2004	Sam's Wholesale Club 11101 Fuqua Houston TX 77089	127.01

Purpose of expenditure (See instructions regarding type of information required.)
Christmas gifts for District I Senior Centers

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 ($)
11/18/2004	Texas Municipal League 1821 Rutherford Lane,Suite 400 Austin TX 78754-5128	35.00

Purpose of expenditure (See instructions regarding type of information required.)
TML Legislative reception regestration fee

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/09/2004	US Postmaster 1000 Heights Blvd Houston TX 77008	795.50

Purpose of expenditure (See instructions regarding type of information required.)
Postage for Holiday Cards

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

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 report: 16/17

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
1980

4 Date	5 Payee name	7 Amount ($)
08/26/2004	United Negro College Fund 6 Payee address; City; State; Zip Code 1235 North Loop West # 1010 Houston TX 77008	50.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Sponsorship of Bowl-A-Thon

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

TEXT ANNOTATION

Information entered by filer as a memo

Schedule	COH	total political contributions maintained = 193,389.82