

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 1980	2 PAGE # 1 of 64
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Carol	MI
	NICKNAME	LAST Alvarado	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 9213 E. Avenue L. Houston, TX 77012	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Richard	MI
	NICKNAME	LAST Huff	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 1301 McKinney, Suite 5100 Houston, TX 77010	APT / SUITE #;	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	651-3626	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/01/2005		06/30/2005
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>.. 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. ..</p>		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME Alvarado, Carol (Ms.)

16 ACCOUNT # (Ethics Commission filers)  
1980

17 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  
Houston PAC

GENERAL

COMMITTEE ADDRESS  
109 N. Post Oak Lane  
Houston, TX 77024

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME  
Butrum, Herb (Mr.)

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS  
109 N. Post Oak  
Houston, TX 77024

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)	\$	123,871.32
--	----	------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	0.00
--	----	------

4. TOTAL POLITICAL EXPENDITURES	\$	22,229.75
---------------------------------	----	-----------

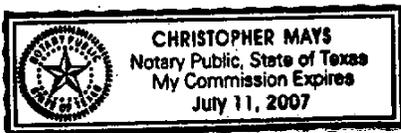
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	278,181.79
--	----	------------

OUTSTANDING LOAN TOTALS

6. 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.

*Carol Alvarado*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Alvarado, this the 15th day of July, 2005, to certify which, witness my hand and seal of office.

*Christopher Mays*      Christopher Mays      Notary  
Signature of officer administering oath      Print 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 PAGE # Schedule: 1/43 Report: 3/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Adroque, Sofia	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Akin Gump Strauss Hauer & Feld LLP	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Joe	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Steve	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarado, Norma (Ms.)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/43 Report: 4/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarado-Hagan, Cynthia	7 Amount of contribution (\$) \$25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77089			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alvarez, Gloria	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth Texas PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aramark PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Philadelphia, PA 19107			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold, Daniel	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/43 Report: 5/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  03/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Arnold & Langrand Communications  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Atlas, Scott  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Aviles, Don  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77077	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Badger, Richard  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barbosa, George  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77060	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/43 Report: 6/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/19/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barnett, William 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Barrett, Glenda Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079	Amount of contribution (\$) \$40.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bell, Allison E. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77057	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Black Navarro, Yolanda Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77003	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bodin, Mike Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/43 Report: 7/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Boesel, Minnette  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bombaywala, Ghulam  Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Box, Jim  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77241	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brady, Gerald  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77291	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bratton, Mary  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/43 Report: 8/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Breeding, John (Mr.)  6 Contributor address; City; State; Zip Code Houston, TX 77345	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brewer, Marcus  Contributor address; City; State; Zip Code Fresno, TX 77545	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brotherhood of Locomotive Engineers  Contributor address; City; State; Zip Code Houston, TX 76118	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Peter H.  Contributor address; City; State; Zip Code Houston, TX 77098	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bruhns, Rudolph  Contributor address; City; State; Zip Code Houston, TX 77025	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/43 Report: 9/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bruhns, Rudy (Mr.) 6 Contributor address; City; State; Zip Code Houston, TX 77025	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Burney, Zinetta Contributor address; City; State; Zip Code Houston, TX 77004	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bush, Charles Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cain, David (Mr.) Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Caldera, Stella (Ms.) Contributor address; City; State; Zip Code Houston, TX 77077	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/43 Report: 10/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 04/28/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Campbell, Stephen  6 Contributor address; City; State; Zip Code [REDACTED] Gilbert, AZ 85297	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Capital Consultants Marketing  Contributor address; City; State; Zip Code [REDACTED] Decatur, TX 76234	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Capital Consultants Marketing  Contributor address; City; State; Zip Code [REDACTED] Decatur, TX 76234	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Caram, Dorothy  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77025	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Caraway, Kippy  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/43 Report: 11/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carter & Burgess Inc., Political Committee  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CDMPAC  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Centerpoint Energy, Inc. PAC  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77210	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cibor, Joseph (Mr.)  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77081	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Clifford, Cindy  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/43 Report: 12/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/10/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Collum, Ann  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77061	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Compeon, Gregory  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77001	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Continental Airlines Inc. Emp Fd Action Committee  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Council, Tony  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77042	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Crowell, Tommie  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/43 Report: 13/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  05/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Curry, Lawrence  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	7 Amount of contribution (\$)  \$25.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Curry, Patricia  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dannenbaum, Jim  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77098	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Davila, Tiffany  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) DBoykins Consulting  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77230	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/43 Report: 14/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/10/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) De La Garza, Elias	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Delibero, Shirley (Ms.)	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Suite 1703 Houston, TX 77024			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Diaz, Norma Yvette	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dieterle, Cliff (Mr.)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] 1 Houston, TX 77003			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dobay, Clara	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77017			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/43 Report: 15/64	
2. FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  05/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dobay, Marie  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77018	7 Amount of contribution (\$)  \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flores, Gary  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77379	Amount of contribution (\$)  \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flores, Maria Luisa  Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Flores, Steven  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77014	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fraga, Michele  Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/43 Report: 16/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fraissinet, Philip  6 Contributor address; City; State; Zip Code [REDACTED] Kingwood, TX 77345	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Francisco, Ellie  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP Texas Committee  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77010	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garcia, Cristina (Ms.)  Contributor address; City; State; Zip Code [REDACTED] Franklin Park, IL 60131	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, Mike  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/43 Report: 17/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/24/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garza, Diva 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77082	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gondo, Glen Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77082	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzales, Anthony Contributor address; City; State; Zip Code [REDACTED] Manhattan Beach, CA 90266	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Rosemary Contributor address; City; State; Zip Code [REDACTED] Friendswood, TX 77546	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzalez, Jr., Rodrigo Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77009	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/43 Report: 18/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gooden, Charles	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77085			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gunda, Ramesh	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gutierrez, Gabriel (Mr.)	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78702			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gutierrez, Hugo (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77253			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gutierrez, Ray	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77076			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		1 PAGE # Schedule: 17/43 Report: 19/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 04/20/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hale, Hal 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Haley, Anthony Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Halliburton Company PAC Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77020	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harris, Gordon Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77070	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Henderson, Donald Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/43 Report: 20/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/26/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Herrera, Patricia	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77082			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Holmes, Ned	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) HOME-PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77064			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Dock and Marine Council PAC Fund	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Pasadena, TX 77506			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Police Officers Union PAC Account	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007 <sup>21</sup>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/43 Report: 21/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/28/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Police Retired Officers Association PAC - Fund	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77252			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hunt, Larry	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77215			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) J. F. Shearer Company	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jamail, James	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77058			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jaramillo, Laura	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77071			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/43 Report: 22/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/09/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jefferson, Howard  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77035	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Johnston, Kyle  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77015	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joiner, Patricia  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kouzounis, Anthony  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77098	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kraj, Nick (Mr.)  Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78701	Amount of contribution (\$) \$1,419.74	In-kind contribution description (if applicable) Reception Costs
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/43 Report: 23/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/25/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LaBoon, Bruce	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77002			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Landry's Restaurants, PAC	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77027			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) LAN-PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77042			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Laredo National Bank	Amount of contribution (\$) \$446.58	In-kind contribution description (if applicable) Interest on account
Contributor address; City; State; Zip Code Laredo, TX 78042			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lasher, Stephen	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/43 Report: 24/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lau, Clayton (Mr.) 6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable):
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lawal, Kase Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77027	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Legrand, Jennifer Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lewis, Richard Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Linebarger, Roger Dale (Mr.) Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78703	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 23/43 Report: 25/64	
2 FILER NAME: Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/11/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lineberger Goggan Blair & Sampson, LLP ..... 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78760	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lipton, Lawrence ..... Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77268	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke, Liddell, & Sapp LLP ..... Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke, Liddell, & Sapp LLP ..... Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Longoria, Janiece ..... Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 24/43 Report: 26/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/04/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Luna, Albert (Mr.)	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code Houston, TX 77027			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Manne, Neal	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77002			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/21/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marquez, Cynthia Ann	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code San Antonio, TX 78205			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Joe	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martinez, David F.	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Houston, TX 77060			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 25/43 Report: 27/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 06/14/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Massey, Cecil	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) May, Jennie	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] McKinney, TX 75070			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) May, Paul	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] McKinney, TX 75070			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mayfield, C. W, Jr,	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McBride, Gray	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76101			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 26/43 Report: 28/64	
2 FILER NAME Alvarado, Carci (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  06/28/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McBride, Gray  6 Contributor address; City; State; Zip Code Fort Worth, TX 76101	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McLane, Drayton Jr. (Mr.)  Contributor address; City; State; Zip Code Temple, TX 76503	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/28/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McLane, Drayton Jr. (Mr.)  Contributor address; City; State; Zip Code Temple, TX 76503	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/05/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McNair, Robert (Mr.)  Contributor address; City; State; Zip Code Houston, TX 77054	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McSpedon, Edward  Contributor address; City; State; Zip Code West Hills, CA 91307	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/43 Report: 29/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/01/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Melchor, Max	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77037			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Metcalf, Linda	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77450			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Milam, David	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Milam, David	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Montana, Rosemary	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77084			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 28/43 Report: 30/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 02/09/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moore, Daryl 6 Contributor address; City; State; Zip Code Houston, TX 77008	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morales, Terry Contributor address; City; State; Zip Code Houston, TX 77019	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moya, Olga Contributor address; City; State; Zip Code Houston, TX 77077	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Othon, William Contributor address; City; State; Zip Code Houston, TX 77042	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Outdoor PAC Contributor address; City; State; Zip Code Houston, TX 77055	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 29/43 Report: 31/64

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers)

1980

4 Date

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Owens, F. Rex

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

06/14/2005

6 Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Cypress, TX 77429

\$200.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

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

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/10/2005

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77084

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Palmer, Erma

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/14/2005

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77049

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Peavy, John W.

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/10/2005

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77288

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Perez Johnson, Candy

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/25/2005

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77022

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 30/43 Report: 32/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/02/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Bob J. 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77234	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Perry, Doyleene Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77058	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Peters, Brenda Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77004	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/09/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Peters, Brenda J. Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77004	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Petheriotes, James Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 31/43 Report: 33/64

2 FILER NAME Alvarado, Carol (Ms.)

3 ACCOUNT # (Ethics Commission filers)

1980

4 Date

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Plumber's Local Union No. 68

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

03/29/2005

6 Contributor address; City; State; Zip Code

Houston, TX 77249

\$2,500.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Quijano, Nelly

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/01/2005

Contributor address; City; State; Zip Code

Houston, TX 77504

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Quiroz, Annie

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/20/2005

Contributor address; City; State; Zip Code

Houston, TX 77009

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rash, Charles

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/13/2005

Contributor address; City; State; Zip Code

Houston, TX 77064

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Rash, Jeanette

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/14/2005

Contributor address; City; State; Zip Code

Houston, TX 77020

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 32/43 Report: 34/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 02/25/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rash, Jeannette	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77020			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rasmussen, Robert	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Old Brookville, NY 77545			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/16/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Raymond, Richard	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Laredo, TX 78041			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/26/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77001			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reyes, Janie	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77003			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 33/43 Report: 35/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Richard Raymond Campaign Account 6 Contributor address; City; State; Zip Code Laredo, TX 78041	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rodriguez, Roland Contributor address; City; State; Zip Code Houston, TX 77055	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/19/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rose, Jerome Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Rossman Martin, Jessica Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Saenz, Gracie Contributor address; City; State; Zip Code Houston, TX 77023	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/43 Report: 36/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 02/16/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Salazar, Epi  6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Salazar, Jose  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77006	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schechter, Sue  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schultz, T.G.  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) SEIU  Contributor address; City; State; Zip Code [REDACTED] Washington, DC 20005	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 35/43 Report: 37/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  03/15/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sellers Brothers Investments, Ltd.  6 Contributor address; City; State; Zip Code Houston, TX 77087	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shaw, Stuart (Mr.)  Contributor address; City; State; Zip Code Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Silverman, Barry  Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  02/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Brian  Contributor address; City; State; Zip Code Houston, TX 77004	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Smith, Gerald  Contributor address; City; State; Zip Code Houston, TX 77002	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 36/43 Report: 38/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/10/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Solomon, Elijah 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77062	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 06/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Spinks, Melvin Contributor address; City; State; Zip Code [REDACTED] Cypress, TX 77429	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stephens, Michael Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77023	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stewart, Tommy Contributor address; City; State; Zip Code [REDACTED] Humble, TX 77396	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Stout, Bob Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77005	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 37/43 Report: 39/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 03/10/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sylva, Cesar 6 Contributor address; City; State; Zip Code [REDACTED] Spicewood, TX 78669	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sylva, Cesar Contributor address; City; State; Zip Code [REDACTED] Spicewood, TX 78669	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Teran, Orlando Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas Association of Realtors - TREPAC Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78767	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Thompson, James Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 38/43 Report: 40/64	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date 05/05/2005	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Total Construction Inspections  <b>6</b> Contributor address; City; State; Zip Code Houston, TX 77067	<b>7</b> Amount of contribution (\$) \$500.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date 05/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Trevino, Jesse  Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/18/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) TSC Fund  Contributor address; City; State; Zip Code Houston, TX 77057	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Turner, Collie, and Braden PAC  Contributor address; City; State; Zip Code Houston, TX 77219	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ulmer, Kenneth  Contributor address; City; State; Zip Code Houston, TX 77041	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 39/43 Report: 41/64

**2** FILER NAME Alvarado, Carol (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

1980

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Uptown Houston PAC

**7** Amount of contribution (\$)

**8** In-kind contribution description (if applicable)

05/24/2005

**6** Contributor address; City; State; Zip Code

Houston, TX 77056

\$250.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Vara, Lonnie

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/10/2005

Contributor address; City; State; Zip Code

Houston, TX 77089

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Vetterling, Caroline

Amount of contribution (\$)

In-kind contribution description (if applicable)

02/28/2005

Contributor address; City; State; Zip Code

Houston, TX 77027

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Vidaurri, John

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/10/2005

Contributor address; City; State; Zip Code

Houston, TX 77023

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Villareal, Johnny (Mr.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

05/04/2005

Contributor address; City; State; Zip Code

Houston, TX 77007

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 40/43 Report: 42/64

**2** FILER NAME Alvarado, Carol (Ms.)

**3** ACCOUNT # (Ethics Commission filers)

1980

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Villareal, Massey

**7** Amount of contribution (\$)

**8** In-kind contribution description (if applicable)

04/25/2005

**6** Contributor address; City; State; Zip Code

Missouri City, TX 77459

\$500.00

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Vinson & Elkins Texas PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

02/18/2005

Contributor address; City; State; Zip Code

Houston, TX 77002

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Wallace, Judy

Amount of contribution (\$)

In-kind contribution description (if applicable)

03/09/2005

Contributor address; City; State; Zip Code

Houston, TX 77025

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Waltmon, Johnny

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/14/2005

Contributor address; City; State; Zip Code

Damon, TX 77430

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Wehry, Ashley (Ms.)

Amount of contribution (\$)

In-kind contribution description (if applicable)

06/29/2005

Contributor address; City; State; Zip Code

Houston, TX 77004

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 41/43 Report: 43/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 05/04/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wendler, Lara (Ms.)  6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/14/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilhelm, Randy  Contributor address; City; State; Zip Code [REDACTED] Birmingham, AL 35205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilhelm, Randy  Contributor address; City; State; Zip Code [REDACTED] Birmingham, AL 35205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/17/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilhelm, Susan  Contributor address; City; State; Zip Code [REDACTED] Birmingham, AL 35205	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Williams, Mark  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77084	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 42/43 Report: 44/64	
2. FILER NAME . Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  06/29/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wills, Warren Clint  6 Contributor address; City; State; Zip Code Houston, TX 77007	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  02/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilson, James  Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Windom, Stephen  Contributor address; City; State; Zip Code Mobile, AL 36685	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wood, Stephen  Contributor address; City; State; Zip Code Houston, TX 77098	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/27/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wulfe, Ed  Contributor address; City; State; Zip Code Houston, TX 77048	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/43 Report: 45/64	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  03/10/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ybarra, Russell  6 Contributor address; City; State; Zip Code [REDACTED] La Porte, TX 77571	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zarinkelk, Giti  Contributor address; City; State; Zip Code [REDACTED] Spring, TX 77380	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/24/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Zilkha, Michael  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/19 Report: 46/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 05/21/2005	<b>5</b> Payee name 10th Episcopal District Biennial 2005  <b>6</b> Payee address; City; State; Zip Code 4347 S. Hampton Rd, Suite 245 Dallas, TX 75232-1064	<b>7</b> Amount (\$)  \$150.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Advertising for Wesley AME Annual Conference		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 02/09/2005	Payee name Acosta, Aliana (Ms.)  Payee address; City; State; Zip Code 1626 Aspen Grove Houston, TX 77077	Amount (\$)  \$20.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - Valentine's day events		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/15/2005	Payee name Acosta, Aliana (Ms.)  Payee address; City; State; Zip Code 1626 Aspen Grove Houston, TX 77077	Amount (\$)  \$53.23
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - El Dorado Seniors Mother's Day		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/30/2005	Payee name American Legion Post 472  Payee address; City; State; Zip Code 7599 Avenue C Houston, TX 77012	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Hole sponsorship for Annual Golf Tournament		** 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.		<b>1</b> PAGE # Schedule: 2/19 Report: 47/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 03/30/2005	<b>5</b> Payee name American Legion Post 472  <b>6</b> Payee address; City; State; Zip Code 7599 Avenue C Houston, TX 77012	<b>7</b> Amount (\$) \$60.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation for Annual Good Friday Fish Fry		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/15/2005	Payee name Antonio Villaraigosa Campaign for Los Angeles Mayor  Payee address; City; State; Zip Code P.O. Box 331210 Los Angeles, CA 90033	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Campaign contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/03/2005	Payee name Assist the Officer Foundation  Payee address; City; State; Zip Code 3336 Richmond, Suite 400 Houston, TX 77098	Amount (\$) \$42.00
Purpose of payment (See instructions regarding type of information required.) Donation for Officer Pinkerton BBQ Benefit		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 04/22/2005	Payee name Buffalo Cougars Cook-Off Team  Payee address; City; State; Zip Code 7814 Moline Houston, TX 77087	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of entry fee & materials for Eastwood Knights of Columbus Chili Cook-Off		** 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.		<b>1</b> PAGE # Schedule: 3/19 Report: 48/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  01/28/2005	<b>5</b> Payee name Bush - Clinton Fund  ..... <b>6</b> Payee address; City; State; Zip Code P.O. Box 56369 Houston, TX 77256	<b>7</b> Amount (\$)  \$200.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation for Tsunami Relief Fund - Vietnamese Community of Houston		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/14/2005	Payee name Campos Communications  ..... Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$500.00
Purpose of payment (See instructions regarding type of information required.) Consultation fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/09/2005	Payee name Campos Communications  ..... Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$1,050.00
Purpose of payment (See instructions regarding type of information required.) Consultation fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/25/2005	Payee name Campos Communications  ..... Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$1,339.33
Purpose of payment (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** PAGE #  
Schedule: 4/19 Report: 49/64**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980

<b>4</b> Date  03/10/2005	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$1,000.00
---------------------------------	---	---

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

Date  04/14/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,750.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Consultation fee and reimbursement for sign distribution\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  04/22/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$386.01
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Reimbursement for expenses - sign distribution, photos & film\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  05/06/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$2,500.00
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Consulting fee\*\* 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.		<b>1</b> PAGE # Schedule: 5/19 Report: 50/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  05/06/2005	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$335.38
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for purchase of Alvarado magnets		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/06/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$273.13
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - postage and copying		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/18/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$336.98
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - Alvarado pencils		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/26/2005	Payee name Campos Communications  Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	Amount (\$)  \$87.20
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - sign 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.		<b>1</b> PAGE # Schedule: 6/19 Report: 51/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 05/31/2005	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$) \$2,500.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consultation fee		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 02/09/2005	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$) \$166.27
Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/03/2005	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$) \$147.83
Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/25/2005	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$) \$314.10
Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		** 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.		<b>1</b> PAGE # Schedule: 7/19 Report: 52/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  04/19/2005	<b>5</b> Payee name Cingular Wireless  <b>6</b> Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	<b>7</b> Amount (\$)  \$134.40
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/31/2005	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$401.37
Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/29/2005	Payee name Cingular Wireless  Payee address; City; State; Zip Code P.O. Box 650574 Dallas, TX 75265-0574	Amount (\$)  \$173.26
Purpose of payment (See instructions regarding type of information required.) Cell phone invoice		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/05/2005	Payee name Clinton Park United Methodist  Payee address; City; State; Zip Code 201 Calloway Houston, TX 77029	Amount (\$)  \$50.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of 8th Annual Workshop & Health Fair		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 8/19 Report: 53/64
<b>2 FILER NAME</b> Alvarado, Carol (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 1980
<b>4 Date</b>  04/05/2005	<b>5 Payee name</b> Clinton Park United Methodist  <b>6 Payee address; City; State; Zip Code</b> 201 Calloway Houston, TX 77029	<b>7 Amount (\$)</b>  \$50.00
<b>8 Purpose of payment (See instructions regarding type of information required.)</b> Sponsorship of Annual Seniors Dinner		<b>9 ** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/15/2005	<b>Payee name</b> Community Services Program of the AFL-CIO  <b>Payee address; City; State; Zip Code</b> 2506 Sutherland St. Houston, TX 77023	<b>Amount (\$)</b>  \$200.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Sponsorship of the Community Service Award Dinner honoring Dale Wortham		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  04/08/2005	<b>Payee name</b> Deady Middle School 7th Grade Booster Club  <b>Payee address; City; State; Zip Code</b> 2500 Broadway Houston, TX 77012-1704	<b>Amount (\$)</b>  \$100.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Donation for Deady 7th Grade Back East Field Trip to New York City		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:
<b>Date</b>  03/31/2005	<b>Payee name</b> Denver Harbor Little League  <b>Payee address; City; State; Zip Code</b> 418 Kress Houston, TX 77020	<b>Amount (\$)</b>  \$150.00
<b>Purpose of payment (See instructions regarding type of information required.)</b> Sponsorship of Little League team.		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name:  Office sought: Office held:

# POLITICAL EXPENDITURES SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE #  
Schedule: 9/19 Report: 54/64

2 FILER NAME Alvarado, Carol (Ms.) 3 ACCOUNT # (Ethics Commission filers)  
1980

4 Date	5 Payee name Dinosaur Plastics	7 Amount (\$)
03/18/2005	6 Payee address; City; State; Zip Code 4727 Gulf Freeway Houston, TX 77023	\$125.57

8 Purpose of payment (See instructions regarding type of information required.) Printing of sign for Tour de Houston event	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date	Payee name Dixie Little League Association	Amount (\$)
03/18/2005	Payee address; City; State; Zip Code 7302 Keller St. Houston, TX 77012	\$350.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship of little league team	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date	Payee name Dr. Marnie Rose Foundation	Amount (\$)
04/08/2005	Payee address; City; State; Zip Code 5090 Richmond Ave., PMB-291 Houston, TX 77056	\$25.00

Purpose of payment (See instructions regarding type of information required.) Sponsorship of Run for the Rose 5K Race	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date	Payee name Emily's List	Amount (\$)
03/03/2005	Payee address; City; State; Zip Code 1120 Connecticut Avenue NW, Ste. 1100 Washington, DC 20036	\$50.00

Purpose of payment (See instructions regarding type of information required.) Annual membership dues	** 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 PAGE # Schedule: 10/19 Report: 55/64
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date  03/18/2005	5 Payee name Frankel's Costume Company  6 Payee address; City; State; Zip Code 2801 Polk Houston, TX 77003	7 Amount (\$)  \$50.00
8 Purpose of payment (See instructions regarding type of information required.) Easter Bunny costume rental for Hidalgo Park Easter Egg Hunt		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/04/2005	Payee name Gallery Flowers  Payee address; City; State; Zip Code 4002 Fannin St. Houston, TX 77004	Amount (\$)  \$32.80
Purpose of payment (See instructions regarding type of information required.) Carnations for Magnolia Seniors - Mothers Day Event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  05/11/2005	Payee name Gallery Flowers  Payee address; City; State; Zip Code 4002 Fannin St. Houston, TX 77004	Amount (\$)  \$34.00
Purpose of payment (See instructions regarding type of information required.) Young at Hearts Mothers Day event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/11/2005	Payee name Garces, Graciana  Payee address; City; State; Zip Code 9550 Ella Lee Lane Houston, TX 77063	Amount (\$)  \$60.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - supplies for Valentine's Day events		** 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 PAGE # Schedule: 11/19 Report: 56/64
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date 05/18/2005	5 Payee name Greater Houston Convention & Visitor's Bureau  6 Payee address; City; State; Zip Code 901 Bagby Houston, TX 77002	7 Amount (\$)  \$38.91
8 Purpose of payment (See instructions regarding type of information required.) Materials for fundraising reception		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/31/2005	Payee name Herald Publishing  Payee address; City; State; Zip Code 3403 Audley St. Houston, TX 77098	Amount (\$)  \$220.00
Purpose of payment (See instructions regarding type of information required.) Advertising for the 2005 Passover special edition		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/02/2005	Payee name Hernandez, Rosie (Ms.)  Payee address; City; State; Zip Code 11881 Gulf Pointe Drive Houston, TX 77089	Amount (\$)  \$31.20
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - office supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/31/2005	Payee name Hernandez, Rosie (Ms.)  Payee address; City; State; Zip Code 11881 Gulf Pointe Drive #L21 Houston, TX 77089	Amount (\$)  \$95.16
Purpose of payment (See instructions regarding type of information required.) Reimbursement for Little League opening day goodie bags		** 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 PAGE # Schedule: 12/19 Report: 57/64
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date 05/12/2005	5 Payee name Hernandez, Rosie (Ms.) 6 Payee address; City; State; Zip Code 11881 Gulf Pointe Drive #L21 Houston, TX 77089	7 Amount (\$) \$81.90
8 Purpose of payment (See instructions regarding type of information required.) Reimbursement for materials for Rep. Joe E. Moreno funeral service		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 06/10/2005	Payee name Hernandez, Rosie (Ms.) Payee address; City; State; Zip Code 11881 Gulf Pointe Drive #L21 Houston, TX 77089	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for materials-Council luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/03/2005	Payee name Houston Alumni Organization (HAO) - University of Houston Payee address; City; State; Zip Code 3100 Cullen Blvd., RM 201 Houston, TX 77204-6000	Amount (\$) \$45.00
Purpose of payment (See instructions regarding type of information required.) Annual membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/15/2005	Payee name Jones, Previn (Mr.) Payee address; City; State; Zip Code 7625 Spinet Houston, TX 77016	Amount (\$) \$20.00
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - Gregory Lincoln Middle School event		** 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.		<b>1</b> PAGE # Schedule: 13/19 Report: 58/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 06/10/2005	<b>5</b> Payee name Jones, Previn (Mr.)  <b>6</b> Payee address; City; State; Zip Code 7625 Spinet Houston, TX 77016	<b>7</b> Amount (\$)  \$75.68
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - supplies for Ministers breakfast		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 06/29/2005	Payee name Jones, Previn (Mr.)  Payee address; City; State; Zip Code 7625 Spinet Houston, TX 77016	Amount (\$)  \$72.35
Purpose of payment (See instructions regarding type of information required.) Reimbursement for expenses - catering for Council Pastry Day		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/03/2005	Payee name League of Women Voters of the U.S.  Payee address; City; State; Zip Code 1730 M Street NW, Suite 1000 Washington, DC 20036-4508	Amount (\$)  \$20.00
Purpose of payment (See instructions regarding type of information required.) Annual membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/05/2005	Payee name Longoria, Daniel (Mr.)  Payee address; City; State; Zip Code 7912 Ford St. Houston, TX 77012	Amount (\$)  \$145.00
Purpose of payment (See instructions regarding type of information required.) Catering for Cinco de Mayo reception		** 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.		<b>1</b> PAGE # Schedule: 14/19 Report: 59/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 04/14/2005	<b>5</b> Payee name Lulac District VIII  <b>6</b> Payee address; City; State; Zip Code 5207 Airline, Suite 102 Houston, TX 77002	<b>7</b> Amount (\$)  \$100.00
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Entry fee for Cinco de Mayo Parade		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/31/2005	Payee name Magnolia Little League  Payee address; City; State; Zip Code 7000 Avenue Q Houston, TX 77011	Amount (\$)  \$150.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Little League team		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/10/2005	Payee name Mercury Room  Payee address; City; State; Zip Code 1008 Prairie St Houston, TX 77002	Amount (\$)  \$403.58
Purpose of payment (See instructions regarding type of information required.) Catering for fundraising reception.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 03/30/2005	Payee name Milby Hispanic Alumni Organization  Payee address; City; State; Zip Code 1601 Broadway Houston, TX 77012	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Hole sponsorship for Annual Golf Tournament		** 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.		<b>1</b> PAGE # Schedule: 15/19 Report: 60/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  04/14/2005	<b>5</b> Payee name Monarch Printing  <b>6</b> Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	<b>7</b> Amount (\$)  \$480.14
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing of invitations for fundraising reception		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/28/2005	Payee name NALEO  Payee address; City; State; Zip Code 1122 W. Washington Blvd. Los Angeles, CA 90015	Amount (\$)  \$65.00
Purpose of payment (See instructions regarding type of information required.) Registration for Naleo/Mexican American Legislative Caucus (MALC) Conference in Austin		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/18/2005	Payee name NALEO  Payee address; City; State; Zip Code 1122 W. Washington Blvd. Los Angeles, CA 90015	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Registration for annual conference		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/28/2005	Payee name NALEO  Payee address; City; State; Zip Code 1122 W. Washington Blvd. Los Angeles, CA 90015	Amount (\$)  \$200.00
Purpose of payment (See instructions regarding type of information required.) Balance for Annual Conference registration		** 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** PAGE #  
Schedule: 16/19 Report: 61/64**2** FILER NAME Alvarado, Carol (Ms.)**3** ACCOUNT # (Ethics Commission filers)  
1980

<b>4</b> Date 05/16/2005	<b>5</b> Payee name National Emancipation Association  <b>6</b> Payee address; City; State; Zip Code 2314 Wheeler St., Suite 1 Houston, TX 77004	<b>7</b> Amount (\$)  \$10.00
-----------------------------	---	--

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

Date 03/03/2005	Payee name National Organization for Women (NOW)  Payee address; City; State; Zip Code P.O. Box 1848 Merrifield, VA 22116-8048	Amount (\$)  \$25.00
--------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Annual membership dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date 03/14/2005	Payee name Old Timers Club of Houston  Payee address; City; State; Zip Code 5927 Bent Tree Ct. Atascocita, TX 77346-1237	Amount (\$)  \$200.00
--------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Table sponsorship for annual Old Timers Dance	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date 06/17/2005	Payee name Old Timers Club of Houston  Payee address; City; State; Zip Code 5927 Bent Tree Ct. Atascocita, TX 77346-1237	Amount (\$)  \$100.00
--------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Advertising for 2005 Gala Dance program	** 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.		<b>1</b> PAGE # Schedule: 17/19 Report: 62/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date 04/22/2005	<b>5</b> Payee name Opinion Analysts  <b>6</b> Payee address; City; State; Zip Code 906 Rio Grande St. Austin, TX 78701	<b>7</b> Amount (\$) \$386.59
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Purchase of walk-list.		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 04/15/2005	Payee name Our Lady of Guadalupe Church  Payee address; City; State; Zip Code 2405 Navigation Houston, TX 77003	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of church dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 06/29/2005	Payee name Porras Prontito  Payee address; City; State; Zip Code 6301 Market St. Houston, TX 77020	Amount (\$) \$99.84
Purpose of payment (See instructions regarding type of information required.) Catering for Council Pastry Day		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/26/2005	Payee name PPYL  Payee address; City; State; Zip Code 3601 Fannin St. Houston, TX 77004	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship for Party Like A Rockstar event		** 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 PAGE # Schedule: 18/19 Report: 63/64
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980
4 Date	5 Payee name PPYL	7 Amount (\$)
06/10/2005	6 Payee address; City; State; Zip Code 3601 Fannin St. Houston, TX 77004	\$200.00
8 Purpose of payment (See instructions regarding type of information required.) Donation for PPYL event		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Rusk Athletic Club	Amount (\$)
03/18/2005	Payee address; City; State; Zip Code 7357 Cayton Houston, TX 77061	\$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Milby HS basketball team for annual Latin American Basketball Tournament		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Sims Bayou Urban Nature Center	Amount (\$)
04/14/2005	Payee address; City; State; Zip Code 3997 River Dr. Houston, TX 77017	\$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship of Annual Fish Fry on the Bayou event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date	Payee name Sprint Digital	Amount (\$)
04/22/2005	Payee address; City; State; Zip Code 10100 Clay Rd. Houston, TX 77080	\$260.00
Purpose of payment (See instructions regarding type of information required.) Printing of Alvarado magnets		** 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.		<b>1</b> PAGE # Schedule: 19/19 Report: 64/64
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980
<b>4</b> Date  05/06/2005	<b>5</b> Payee name T.G.F. Flowers  <b>6</b> Payee address; City; State; Zip Code 3906 Fannin Houston, TX 77004	<b>7</b> Amount (\$)  \$64.84
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Flowers for Mothers Day events		<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/10/2005	Payee name The Mercury Room  Payee address; City; State; Zip Code 1008 Prairie Houston, TX 77002	Amount (\$)  \$403.58
Purpose of payment (See instructions regarding type of information required.) Catering for fundraising reception		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  02/25/2005	Payee name Villa Arcos Tacos  Payee address; City; State; Zip Code 3009 Navigation Houston, TX 77003	Amount (\$)  \$88.12
Purpose of payment (See instructions regarding type of information required.) Catering for Council pastry day.		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

	16485				12334.58
	50	Jose Guerra	1001	280	Tessa goth
	50	Nelda Tijerina	1002	1750	Campos Comm
	250	Rudy Vasquez	1003	330.32	Monarch
	50	Bobby Warren	1004	810.58	Monarch
	100	Frank Reyes	1005	812.5	Sprint
	100	Sergio Davila	1006	150	Bill Arnold
	100	Edgar Colon	1007	750	Filing Fee
	250	Greg Reyes	1008	148	Post Master
	100	Conchita Reyes	1009	1400	Sprint Digital
	300	John Hernandez	1010	1522.75	Sprint
	150	John Reyes	1011	379.74	Monarch
	25	Darrell Martin	1012	1000	Bill Arnold
	50	Donica Beckett	1013	2000	Nef Partida
	150	Peter De la Mora	1014	1000.69	Campos Comm
	250	Hector Carreno			
	50	Gisela Tamez			
	100	George Moody			
	2500	Suzanne Harter			
	250	Memo villarreal			
	500	Capital consultants			
	250	elias De la Garza			
	300	Raul Gonzales			
	500	Morgan O'Connor			
	500	Briar Development			
	250	Frank Macias			
	20	Kyle Carter			
	20	Erika Rivera			
	20	Joseph Camarillo			
	250	Sabrina Midkiff			
	500	Thad Smith, III			
	300	Daniel Davila			
	5000	Roman Loan			
	3000	Roman Martinez			
	200	Laura Loan			