

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE TOTALS

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

\$ 846. ⁷²/_{xx}

4. TOTAL POLITICAL EXPENDITURES

\$ 6707. ⁵¹/_{xx}

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ N/A

19 AFFIDAVIT



AFFIX NOTARY SEAL

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

Carol M Galloway
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Carol M. Galloway this the 18th day of January, 2005, to certify which, witness my hand and seal of office.

Troy J. Olson
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
1 of 9

2 FILER NAME
Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date
07/04/04

5 Payee name
AT & T
6 Payee address: City: State: Zip Code
PO Box 78628
Phoenix, AZ

7 Amount (\$)
78.57

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

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

Date
07/04/04

Payee name
Time Warner
Payee address: City: State: Zip Code
PO Box 650050
Dallas, TX

Amount (\$)
114.70

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

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

Date
7/06/04

Payee name
Cingular Wireless
Payee address: City: State: Zip Code
PO Box 650574
Dallas, TX 75265

Amount (\$)
233.36

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

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

Date
7/13/04

Payee name
All Star
Payee address: City: State: Zip Code

Amount (\$)
500.00

Purpose of payment (See instructions regarding type of information required.)
Sponsor ticket Little League

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 of 8
2 FILER NAME Carol M. Galloway		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/15/04	5 Payee name DNL	7 Amount (\$) 100.⁰⁰
6 Payee address; City; State; Zip Code 430 S. Capitol S.E. Washington, DC 20090		
8 Purpose of payment (See instructions regarding type of information required.) Donation		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 08/05/04	Payee name Cingular Wireless	Amount (\$) 289.⁶³
Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265		
Purpose of payment (See instructions regarding type of information required.) Campaign Cell		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 08/05/04	Payee name AT&T	Amount (\$) 80.⁷³
Payee address; City; State; Zip Code PO Box 78628 Phoenix, AZ		
Purpose of payment (See instructions regarding type of information required.) Campaign office		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 08/06/04	Payee name Time Warner	Amount (\$) 122.⁵⁸
Payee address; City; State; Zip Code PO Box 650050 Dallas, TX 75265		
Purpose of payment (See instructions regarding type of information required.) Campaign Computer		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 8

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

08/18/04

5 Payee name

NAACP

7 Amount (\$)

900.⁰⁰

6 Payee address; City; State; Zip Code

2002 Wheeler
Houston, TX 77004

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

Sponsor

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

Date

08/30/04

Payee name

U.S. Postmaster

Amount (\$)

74.⁰⁰

Payee address; City; State; Zip Code

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

Stamp-mailing

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

Date

08/30/04

Payee name

Office Depot

Amount (\$)

181.⁶²

Payee address; City; State; Zip Code

5134 Richmond
Houston, TX 77059

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

printing supplies / ribbon ^{computer} Cartridge

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

Date

09/03/04

Payee name

Cingular Wireless

Amount (\$)

252.²⁵

Payee address; City; State; Zip Code

P.O. BOX 650574
Dallas, TX 75265

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

Campaign Cell

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
4 of 8

2 FILER NAME
Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date 09/03/04	5 Payee name Zinnetta Burney Campaign	7 Amount (\$) 100. ⁰⁰
6 Payee address; City; State; Zip Code Houston, TX		

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

Date 09/04/04	Payee name American Leadership Forum	Amount (\$) 250. ⁰⁰
Payee address; City; State; Zip Code 3101 Richmond Ste 140 Houston, TX 77098		

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

Date 08/30/04	Payee name Ensemble Theatre	Amount (\$) 80. ⁰⁰
Payee address; City; State; Zip Code 3535 main St. Houston, TX 77002		

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

Date 09/08/04	Payee name Breakfast Klub	Amount (\$) 389. ⁷⁰
Payee address; City; State; Zip Code 3711 Travis Houston, TX 77002		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
5 of 8

2 FILER NAME
Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date 09/29/04	5 Payee name C.I.S.	7 Amount (\$) 250. ⁰⁰
6 Payee address; City; State; Zip Code 2150 W 18 th Houston, TX 77008		

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

Date 10/03/04	Payee name Cingular Wireless	Amount (\$) 239. ⁷⁵
Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75265		

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

Date 10/03/04	Payee name AT&T	Amount (\$) 66. ⁸⁷
Payee address; City; State; Zip Code PO Box 78268 Phoenix, AZ		

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

Date 10/03/04	Payee name Time Warner	Amount (\$) 122. ⁵⁸
Payee address; City; State; Zip Code PO Box 650050 Dallas, TX 75265		

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:
6 of 8

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/04/04

5 Payee name

ACT-50 NAACP

7 Amount (\$)

290.⁰⁰

6 Payee address; City; State; Zip Code

2002 Wheeler
Houston TX 77004

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

donation

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

Date

10/29/04

Payee name

Pass the Torch - NAACP

Amount (\$)

100.⁰⁰

Payee address; City; State; Zip Code

2002 Wheeler
Houston, TX 77004

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

SPONSOR

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

Date

11/04/04

Payee name

Cingular Wireless

Amount (\$)

202.⁶⁶

Payee address; City; State; Zip Code

P O BOX 650574
Dallas, TX 75265

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

Campaign Cell

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

Date

11/04/04

Payee name

AT&T

Amount (\$)

63.³⁸

Payee address; City; State; Zip Code

P O BOX 78268
Phoenix AZ

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 7

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/05/04

5 Payee name

Time Warner

7 Amount (\$)

122.58

6 Payee address; City; State; Zip Code

PO Box 650050
Dallas, TX 75265

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

Campaign Computer

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

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

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

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1 of 1

2 FILER NAME

Carol M. Galloway

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/08/04

5 Payee name

Cingular Wireless

6 Payee address; City; State; Zip Code

PO Box 650574
Dallas TX 75265

8 Amount (\$)

286. ²⁰

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

Campaign Cell

Reimbursement from political contributions intended

Date

12/04/04

Payee name

AT&T

Payee address; City; State; Zip Code

PO Box 78
Phoenix, AZ

Amount (\$)

72. ¹⁶

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

Campaign office

Reimbursement from political contributions intended

Date

12/08/04

Payee name

Time Warner

Payee address; City; State; Zip Code

PO Box 650030
Dallas, TX 75265

Amount (\$)

122. ⁵⁰

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

Campaign computer

Reimbursement from political contributions intended

Date

12/16/04

Payee name

Walmart

Payee address; City; State; Zip Code

10411 N. Freeway
Houston, TX 77037

Amount (\$)

1018. ⁶¹

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

Sponsor Christmas toys

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Reimbursement from political contributions intended