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

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): 5375

2 Total pages this report: 1/44

OFFICE USE ONLY

Date Received: RECEIVED JAN 15 2002 CITY SECRETARY

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Ms. FIRST: Carol MI:

NICKNAME: LAST: Alvarado SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

9213 E. Avenue L

Houston TX 77012

5 CAMPAIGN TREASURER NAME

TITLE: Mr. FIRST: James T. MI:

NICKNAME: LAST: Edmonds SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

55 Waugh Dr. Ste. 1120

Houston TX 77007

7 CAMPAIGN TREASURER PHONE

AREA CODE: (713) PHONE NUMBER: 861-3036 EXTENSION:

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 10/28/2001 THROUGH Month Day Year: 12/31/2001

10 ELECTION

ELECTION DATE Month Day Year: 11/06/2001

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Other -- City Council,District I

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

(Effective 12/16/1999)

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Ms. Carol Alvarado

15 ACCOUNT # (Ethics Commission filers)
5375

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occured during this reporting period. (Sign affidavid below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0.00
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 38668.46

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 0.00
4.	**TOTAL POLITICAL EXPENDITURES**	$ 64212.47

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

ROSITA HERNANDEZ
NOTARY PUBLIC
State of Texas
Comm. Exp. 01-22-2002

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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol Alvarado, this the 15th day of January, 2002, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed Name of officer administering oath: Rosita Hernandez | Title of officer administering oath: NOTARY PUBLIC

(Effective 11/16/1999)

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/30/2001	Akin Gump Strauss Hauer & Feld LLP [redacted] Washington DC 20036	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Mr. Ross C. Allyn [redacted] Houston TX 77008	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Mary Almendarez [redacted] Houston TX 77009	30.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Mr. & Mrs. Bobby & Linda Alvarado [redacted] Sugar Land TX 77478	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/06/2001	Mr. Richard A. Armstrong [redacted] Houston TX 77006	200.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/27/2001	Mr. Richard A. Armstrong [redacted] Houston TX 77006	1000.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/08/2001	Baker Botts LLP Amicus Fund [redacted] Houston TX 77002	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/20/2001	Mr. George Barbosa [redacted] Houston TX 77036	1000.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Lisa Benitez [redacted] Houston TX 77006	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Rima E. Bonario [redacted] Houston TX 77081	100.00	

Principal occupation (Optional) | Employer (Optional)

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/2001	Ms. Christina Cabral [redacted] Houston TX 77057	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/05/2001	Ms. Barbara Calfee [redacted] Houston TX 77019	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/06/2001	Mr. Roel Campos [redacted] Houston TX 77024	600.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2001	Mr. Darryl B. Carter [redacted] Houston TX 77054	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Raul Cavazos [redacted] Houston TX 77210	20.00	
Principal occupation (Optional)	Employer (Optional)		

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2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/02/2001	Mr. Terry Cheng [redacted] Houston TX 77057	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Mr. Leonard Childress [redacted] Houston TX 77071	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Ms. Maria A. Coello [redacted] Houston TX 77014	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2001	Ms. Gabriella Cortazar [redacted] Houston TX 77092	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2001	Mr. Brian P. Cweren [redacted] Houston TX 77225	500.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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3 ACCOUNT # (Ethics Commission filers) 5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/02/2001	DataComm Business Systems [redacted] Houston TX 77076	500.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/21/2001	Mr. Ali Davari [redacted] Houston TX 77257	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Lucy De La Fuente [redacted] Houston TX 77023	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Hope E. De Los Santos [redacted] La Porte TX 77571	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Hope De Los Santos [redacted] Houston TX 77015	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. Armando & Norma Diaz [redacted] Houston TX 77023	40.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2001	Mr. James T. Edmonds [redacted] Houston TX 77007	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Ms. Marjorie R. Eisen [redacted] Houston TX 77030	50.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/05/2001	Mr. Dale Everitt [redacted] Houston TX 77057	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Sylvia Garcia Silva [redacted] Houston TX 77080	30.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 9/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2001	Dr. Jesus E. Garcia [redacted] Houston TX 77061	1000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/29/2001	Mr. C.M. Garver [redacted] Houston TX 77023	300.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/06/2001	Ms. Brenda Garza [redacted] Brownsville TX 78251	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Randall L. Glenski [redacted] Houston TX 77275	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Mr. R. David Gockley [redacted] Houston TX 77002	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report: 10/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/19/2001	Greater Greenspoint PAC [redacted] Houston TX 77024	300.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
11/03/2001	D.R. Guerrero [redacted] Houston TX 77055	30.00	
Principal occupation (Optional)		Employer (Optional)	
10/28/2001	Mr. James T. Hackett [redacted] Houston TX 77019	200.00	
Principal occupation (Optional)		Employer (Optional)	
11/05/2001	Mr. Hal D. Hale [redacted] Houston TX 77057	50.00	
Principal occupation (Optional)		Employer (Optional)	
11/02/2001	Mr. Vasant Hariani [redacted] Houston TX 77056	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/02/2001	Ms. Esther Trinidad Harrah [redacted] San Antonio TX 78213	250.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2001	Mr. Alan Helfman [redacted] Houston TX 77024	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Mr. William J. Hill [redacted] Houston TX 77252	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/14/2001	Hou Con PAC [redacted] Houston TX 77401	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Houston Police Officers Union PAC [redacted] Houston TX 77007	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/09/2001	Houston Police Officers Union PAC [redacted] Houston TX 77007	4000.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Mr. Kenneth A. James [redacted] Houston TX 77205	1500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Ms. Christine Jarvis [redacted] Houston TX 77077	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2001	Mr. Charles Joekel [redacted] Houston TX 77252	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. Tom & Elisa Kaylor [redacted] Houston TX 77060	50.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2001	Mrs. Shannon Langrand - Emal [redacted] Houston TX 77006	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Linebarger Heard Goggan Blair Graham Pena & Sampson LLP [redacted] Houston TX 77253	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Ms. Melaney A. Linton [redacted] Houston TX 77006	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Ms. Molly Beth Malcolm [redacted] Texarkana TX 75503	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Mr. Richard B. Mayor [redacted] Houston TX 77056	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/28/2001	Mr. Gray McBride [redacted] Fort Worth TX 76101	100.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs David L. & Norma Alvarado McEwing [redacted] Kingwood TX 77345	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Jose Medrano [redacted] Pasadena TX 77503	50.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Mrs. Sabrina F. Midkiff [redacted] Houston TX 77019	250.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2001	Mr. Edward Miller [redacted] Texarkana TX 75504	500.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 15/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2001	Mr. Ranvir Mohindra [redacted] Houston TX 77024	250.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/2001	Ms. Rosanna Moreno [redacted] Houston TX 77005	500.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Yolanda B. Navarro [redacted] Houston TX 77003	100.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Triet M. Nguyen [redacted] Houston TX 77053	25.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Mr. & Mrs. Joe & Tommie Noriega [redacted] Houston TX 77075	25.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 16/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/03/2001	Mr. Charles Richard Ontiveros [redacted] Houston TX 77076	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/04/2001	Outdoor PAC [redacted] Houston TX 77055	1000.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/07/2001	PHGC Investments Partnership [redacted] Houston TX 77253	500.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2001	Paisano Interests [redacted] Houston TX 77042	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/15/2001	Mr. Sthephen V. Pate [redacted] The Woodlands TX 77380	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 17/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/2001	Father Rivers A. Patout III [redacted] Houston TX 77012	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Ms. Vivian E. Paul [redacted] Houston TX 77012	50.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2001	Pipe Fitters Local Union #211 [redacted] Houston TX 77017	500.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. John & Lenora Sorola Pohlman [redacted] Houston TX 77008	100.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Mr. & Mrs. Manuel D. and Nelly Quijano [redacted] Pasadena TX 77504	200.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 18/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/04/2001	Ms. Elvira R. Quinones [redacted] Houston TX 77012	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Mrs. Jeanette Rash [redacted] Houston TX 77020	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Reyes Reyes-Castillo Attorneys at Law PC [redacted] Houston TX 77009	250.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/10/2001	Mr. Robert Rodriguez [redacted] San Antonio TX 78230	1000.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/06/2001	Mr. Pete Sanchez,Jr. [redacted] Spring TX 77388	100.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 19/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/03/2001	Mrs. Dolores M. Sanchez [redacted] The Woodlands TX 77380	50.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/05/2001	Mr. Ira Scott [redacted] Houston TX 77071	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Mr. Manuel E. Solis [redacted] Houston TX 77023	1500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/04/2001	Mr. Melvin G. Spinks [redacted] Cypress TX 77429	500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/29/2001	TX Friends of Time Warner Cable [redacted] Houston TX 77040	300.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/02/2001	Mr. Johnny Tamayo [redacted] Houston TX 77587	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Teamsters Local Union 988 DRIVE Political Fund [redacted] Houston TX 77007	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Texas Coalition for Good Government [redacted] Houston TX 77098	1000.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/30/2001	Texas Weston PAC [redacted] Houston TX 77056	250.00	
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/31/2001	Ms. R. Carla Thompson [redacted] Houston TX 77077	1000.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 21/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. Juan & Bertha Torres [redacted] Houston TX 77087	25.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Ms. Gloria Saenz Tristan [redacted] Houston TX 77015	100.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Ms. Carmen Trujillo [redacted] Missouri City TX 77459-3120	150.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Victory PAC [redacted] Houston TX 77872	1538.46	Mail Out

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. John & Tina Vidaurri [redacted] Houston TX 77023	25.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 22/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
11/03/2001	Mr. & Mrs. Johnny & Lillian Villareal [redacted] Houston TX 77087	50.00	
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Gilbert Villasenor [redacted] Houston TX 77089	30.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/02/2001	Ms. Judy Wallace [redacted] Houston TX 77025	100.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. Armando Walle [redacted] Houston TX 77039	25.00	
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Waste Management PAC [redacted] Washington DC 20004	250.00	
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 23/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
10/29/2001	West Gulf Maritime Association PAC [redacted] Houston TX 77029	1000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/01/2001	Mr. James H. Wilson [redacted] Houston TX 77056	150.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/28/2001	Ms. Teri Zambon [redacted] Houston TX 77018	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC(ID#_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
11/03/2001	Mr. John V. Zavala [redacted] Houston TX 77023	50.00	
Principal occupation (Optional)	Employer (Optional)		

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 24/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers) 5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2001	Ms. Teresa Alonso 250 Uvalde Rd. # 250 Houston TX 77029	35.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Teresa Alonso 250 Uvalde Rd. # 250 Houston TX 77029	32.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Mr. & Mrs. Bobby & Linda Alvarado 14003 Susan Ct. Sugar Land TX 77478	120.57

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Carol Alvarado 9213 E. Avenue L Houston TX 77012	135.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 25/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/02/2001	Mrs. Ida Alvarado 9213 E. Avenue L Houston TX 77012	346.34

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	Mrs. Ida Alvarado 9213 E. Avenue L Houston TX 77012	283.94

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Yolanda Alvarado 6624 Merry LN Houston TX 77023	432.98

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	American Leadership Forum 3101 Richmond Houston TX 77098	75.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 26/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/31/2001	Mr. Carlos Ayala 7809 Brumblay Houston TX 77012	215.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	Mr. Carlos Ayala 7809 Brumblay Houston TX 77012	315.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Maria Bonilla 924 Boyles Houston TX 77029	35.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Maria Bonilla 924 Boyles Houston TX 77029	32.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 27/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2001	Ms. Mary Cabrera 924 Boyles Houston TX 77029	35.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Mary Cabrera 924 Boyles Houston TX 77029	32.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/29/2001	Campaign Strategies 515 Post Oak,Ste. 120 Houston TX 77027	5008.20

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/02/2001	Campaign Strategies 515 Post Oak,Ste. 120 Houston TX 77027	5893.10

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 28/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/05/2001	Campaign Strategies 515 Post Oak,Ste. 120 Houston TX 77027	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/05/2001	Campaign Strategies 515 Post Oak,Ste. 120 Houston TX 77027	20000.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/05/2001	Campos Communications 816 Ralfallen Houston TX 77008	15492.28

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursement for expenses (Election Day program - ,salaries,printing,& materials)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	Cingular Wireless 1001 West Loop South Houston TX 77027	75.32

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

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1 Total pages report: 29/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
11/09/2001	Cingular Wireless 1001 West Loop South Houston TX 77027	220.48	Campaign Cell Phone	
12/04/2001	Cingular Wireless 1001 West Loop South Houston TX 77027	42.53	Blackberry system	
12/04/2001	Cingular Wireless 1001 West Loop South Houston TX 77027	386.11	Campaign cell phone	
12/26/2001	Cingular Wireless 1001 West Loop South Houston TX 77027	319.82	Campaign cell phone	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 30/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/28/2001	Ms. Carina Diaz 6924 Gonzales Houston TX 77029	49.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Carina Diaz 6924 Gonzales Houston TX 77029	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Carina Diaz 6924 Gonzales Houston TX 77029	38.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	Dr. Jorge Guerrero 910 S. Wayside Houston TX 77023	750.00

Purpose of expenditure (See instructions regarding type of information required.)
Rent - campaign headquarters (Aug - Nov.)

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 31/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
11/04/2001	Mr. Jason Hernandez 5655 De Soto Houston TX 77091	250.00	DJ Entertainment	
11/04/2001	Homeplate Bar & Grill 1800 Texas,Ste. 100 Houston TX 77003	1017.55	Catering	
11/09/2001	Inner City Nutcracker 1724 Alta Vista Houston TX 77023	100.00	Donation	
12/04/2001	Mach 5 Couriers 401Studewood Houston TX 77007	22.98	Courier service	

Revised 11/12/1999

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 32/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/15/2001	Mandola's Deli 4105 Leeland Houston TX 77023	480.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Election day food

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	Masterworks Systems 6710 Capitol Houston TX 77011	860.00

Purpose of expenditure (See instructions regarding type of information required.)
Utilities (August - November)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/31/2001	Mr. Ray Paige 3806 Keeland Houston TX 77093	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/31/2001	Mr. Frank Partida 7040 Canal Houston TX 77011	100.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 33/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers) 5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/08/2001	Mr. Frank Partida 7040 Canal Houston TX 77011	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Maria Pineda 6924 El Paso Houston TX 77029	49.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Maria Pineda 6924 El Paso Houston TX 77029	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Maria Pineda 6924 El Paso Houston TX 77029	38.50

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 34/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)	8 Purpose of expenditure (See instructions regarding type of information required.)	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / Office held
10/28/2001	Pizza Hut 710 Wayside Houston TX 77023	96.63	Food for blockwalkers	
11/04/2001	Pizza Hut 710 Wayside Houston TX 77023	90.30	Food for blockwalkers	
10/28/2001	Ms. Adelina Ramirez 7015 El Paso Houston TX 77029	46.00	Contract labor	
11/03/2001	Ms. Adelina Ramirez 7015 El Paso Houston TX 77029	60.00	Contract labor	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 35/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/04/2001	Ms. Adelina Ramirez 7015 El Paso Houston TX 77029	77.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Diana Ramirez 8007 Buchanan Houston TX 77029	46.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Diana Ramirez 8007 Buchanan Houston TX 77029	38.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Jenette Ramirez 7015 El Paso Houston TX 77029	46.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 36/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers) 5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2001	Ms. Jenette Ramirez 7015 El Paso Houston TX 77029	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Mr. Jonny Reyes 8619 Rockhill Houston TX 77061	52.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Mr. Jonny Reyes 8619 Rockhill Houston TX 77061	42.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/06/2001	Rodeaux Restaurant 2401 Wayside Houston TX 77023	2360.22

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 37/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2001	Mr. James Rodriguez 7814 Moline Houston TX 77087	265.73

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/15/2001	Mr. James Rodriguez 7814 Moline Houston TX 77087	247.37

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/01/2001	Ms. Sylvia Rodriguez 2023 Sieber Houston TX 77017	500.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/08/2001	Ms. Sylvia Rodriguez 2023 Sieber Houston TX 77017	150.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 38/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/09/2001	Ms. Sylvia Rodriguez 2023 Sieber Houston TX 77017	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Yolanda Rodriguez 7109 Abilene Houston TX 77029	46.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Yolanda Rodriguez 7109 Abilene Houston TX 77029	60.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Yolanda Rodriguez 7109 Abilene Houston TX 77029	38.50

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 39/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/04/2001	Ms. Yolanda Rodriguez 7109 Abilene Houston TX 77029	58.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/28/2001	Ms. Alejandra Rosales 8114 Glenvista Houston TX 77061	49.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Alejandra Rosales 8114 Glenvista Houston TX 77061	52.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Mr. Christian Rosales 8114 Glenvista Houston TX 77061	52.50

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 40/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers) 5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
10/28/2001	Mr. Oscar Rosales 8114 Glenvista Houston TX 77061	49.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Mr. Oscar Rosales 8114 Glenvista Houston TX 77061	56.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Mr. Oscar Rosales 8114 Glenvista Houston TX 77061	126.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/02/2001	Mr. Jose E. Soto 2135 Jean St. Houston TX 77023	288.94

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 41/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/09/2001	Southwestern Bell Telephone P.O. Box 1780 Houston TX 77251	947.90

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Headquarters phone bill

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/04/2001	Southwestern Bell Telephone P.O. Box 1780 Houston TX 77251	846.77

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Ana Suarez 8619 Rockhill Houston TX 77061	52.50

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Ana Suarez 8619 Rockhill Houston TX 77061	42.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 42/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/03/2001	Mr. Israel Suarez 8619 Rockhill Houston TX 77061	56.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Mr. Tony Suarez 8619 Rockhill Houston TX 77061	56.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/09/2001	TLC Office Systems 3900 North Freeway Houston TX 77022	244.25

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/04/2001	TLC Office Systems 3900 North Freeway Houston TX 77022	217.40

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 43/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/09/2001	Talento Bilingue de Houston 333 S. Jensen Houston TX 77003	100.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/26/2001	Texas Printing 4715 Main St. Houston TX 77002	161.29

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/03/2001	Ms. Maria Torres 915 Hahlo Houston TX 77029	35.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/04/2001	Ms. Maria Torres 915 Hahlo Houston TX 77029	32.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 44/44

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
11/09/2001	Universal Printing 402 Cortlandt Houston TX 77007	1127.97

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing push cards & envelopes

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
10/31/2001	Mr. Stephen Zepeda 4754 Cavern Dr. Houston TX 77546	600.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
11/15/2001	Mr. Stephen Zepeda 4754 Cavern Dr. Houston TX 77546	600.00

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

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