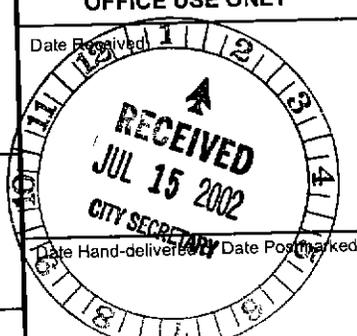


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 1/33
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Ms.	FIRST Carol	MI
	NICKNAME	LAST Alvarado	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> 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 Richard D.	MI
	NICKNAME	LAST Huff	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1301 McKinney, Ste. 5100 Houston TX 77010		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 651-3626			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
01/01/2002		THROUGH	06/30/2002
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Other -- City Council	12 OFFICE SOUGHT (if known)	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. 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		



GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Ms. Carol Alvarado

15 ACCOUNT # (Ethics Commission filers)
537516 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

 GENERAL SPECIFIC additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit 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) \$ 49065.00

EXPENDITURE
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 55117.32

OUTSTANDING
LOAN TOTALS

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

19 AFFIDAVIT



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

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 2002, to certify which, witness my hand and seal of office.

Mary Ruth Rodriguez MARY RUTH RODRIGUEZ Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/18/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ANSUN PAC	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code [REDACTED]		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/28/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ross C. Allyn	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Emilio Almendarez	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 01/31/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews & Kurth L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Paula S. Arnold	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

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: 4/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 01/31/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dionel E. Aviles	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/02/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dionel E. Aviles	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Vishwa M. Bahl	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. George Barbosa	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Larry Berkman	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 5/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission files) 5375	
4 Date 01/02/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mark Boyer	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bracewell & Patterson Committee	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gerald M. Brady	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Bratton	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Bratton	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 6/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/28/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Earl Brown	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/29/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Rudolph Bruhns	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William F. Burge III	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CDMPAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Darryl B. Carter	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 7/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 01/20/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Terry Cheng	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Chou	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coats, Rose Political Action Committee	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Cobb	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. T. Jerry Collins	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 8/33	
2 FILER NAME Ms. Carol Alvarado				3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/04/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Copland	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code [REDACTED]					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 02/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Gabriella Cortazar	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation (Optional)			Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Brian P. Cweren	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation (Optional)			Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) James Dannenbaum	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation (Optional)			Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Irene De Leon	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code [REDACTED]					
Principal occupation (Optional)			Employer (Optional)		

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: 9/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/13/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Jo Ann Delgado	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Jo Ann Delgado	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Cheryl L. Dotson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robert & Jeanette Duke	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dale Everitt	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 10/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dionicio Flores	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Forston & Company P.C.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Stephen Fraga	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Fulbright & Jaworski LLP	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Cristina Garcia	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 11/33	
2 FILER NAME Ms. Carol Alvarado			3 ACCOUNT # (Ethics Commission filers) 5375		
4 Date 02/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Bill Garcia	6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gilbert A. Garcia	Contributor address; City; State; Zip Code [REDACTED]		Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Roland Garcia	Contributor address; City; State; Zip Code [REDACTED]		Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)		
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. C.M. Garver	Contributor address; City; State; Zip Code [REDACTED]		Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)		
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Frank Garvey Jr.	Contributor address; City; State; Zip Code [REDACTED]		Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)		

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: 12/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 01/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Charles & Peggy Gooden	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/31/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Grande Communications Networks P.A.C.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/14/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) H-CAR PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Hal D. Hale	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Roy G. Hearnberger	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 13/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hermes Reed Architects PAC	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Fire Fighters Political Action Fund	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/28/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Police Retired Officers Association PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) IEC of Houston PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James R. Jard	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 14/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/27/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Patricia Joiner	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Nathelyne Kennedy	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard Lewis	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/05/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Melaney A. Linton	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Melaney A. Linton	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 15/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/05/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Janiece Longoria	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/30/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Nancy & David Mahaffay	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Joe W. Mahler	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Craig Malone	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mario Gallegos Campaign	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 16/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 01/30/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gray McBride 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs David L. & Norma Alvarado McEwing Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Robert M. McMurrey Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John G. Middleton Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Milam Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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: 17/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/21/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morris Architects Civic Action Fund 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Arturo Murillo Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Yolanda B. Navarro Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/15/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. & Mrs. Roberto & Hilda Obregon Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. F. William Othon Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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: 18/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/20/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paisano Interests LLP 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/08/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Fernando Perez-Del Rio Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Andrew Ray Perez Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/10/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Manuel & Nelly Quijano Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Jeanette Rash Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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: 19/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 03/01/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Rao Ratnala	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reddy Partnership	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy Political Action Committee	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/02/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jerome R. Rose	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jerome Rose	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 20/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 03/04/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alan Sadeghpour	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 03/02/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) David Sadeghpour	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Epi and Cyndi Salazar	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrew Schatte	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/31/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ambassador Arthur Schechter	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 21/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/20/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Schlitzberger's Family Craft -Partnership	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Manuel E. Solis	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bob and Martha Stein	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael H. Stephens	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michael Surface	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 22/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 01/30/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Orlando Teran	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 01/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas Association of Realtors PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 01/30/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Texas Weston PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 03/03/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Tammy Tran	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/04/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Esther Trinidad - Harrah	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

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: 23/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/04/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Genevieve & Matthew Uдеми 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Valero Political Action Committee Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/02/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dave Walden Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 02/27/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Richard W. Weekley Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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: 24/33	
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375	
4 Date 02/04/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chris Wilmot	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 02/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winstead Sechrest & Minick P.C. PAC	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Edmond Wulfe	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	
Date 02/16/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Roy Zermeno	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code [REDACTED]			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
25/33

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date 01/31/2002	5 Payee name Ms. Yolanda Alvarado	7 Amount (\$) 150.17
6 Payee address; City; State; Zip Code 6624 Merry LN Houston TX 77023		

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
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Date 03/29/2002	Payee name American Legion Post 472	Amount (\$) 100.00
Payee address; City; State; Zip Code 7599 Ave. C Houston TX 77012		

Purpose of expenditure (See instructions regarding type of information required.) Mario Gallegos, Sr. Scholarship Golf Tournament Sponsorship	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/17/2002	Payee name Art Car Parade	Amount (\$) 100.00
Payee address; City; State; Zip Code 2402 Munger Houston TX 77023		

Purpose of expenditure (See instructions regarding type of information required.) Art Car Parade Donation	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/29/2002	Payee name Mr. George Biggs	Amount (\$) 72.00
Payee address; City; State; Zip Code 3123 Bammel Houston TX 77098		

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: 26/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 01/09/2002	5 Payee name Campaign Strategies <hr/> 6 Payee address; City; State; Zip Code 515 Post Oak,Ste. 120 Houston TX 77027	7 Amount (\$) 5000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Political Consultation		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/07/2002	Payee name Campaign Strategies <hr/> Payee address; City; State; Zip Code 515 Post Oak,Ste. 120 Houston TX 77027	Amount (\$) 29624.03
Purpose of expenditure (See instructions regarding type of information required.) Political consultation,direct mail,printing,and phone b - ank		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/18/2002	Payee name Campos Communications <hr/> Payee address; City; State; Zip Code 816 Ralfallen Houston TX 77008	Amount (\$) 10000.00
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 03/30/2002	Payee name Campos Communications <hr/> Payee address; City; State; Zip Code 816 Ralfallen Houston TX 77008	Amount (\$) 1058.73
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 27/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 04/29/2002	5 Payee name Campos Communications 6 Payee address; City; State; Zip Code 816 Ralfallen Houston TX 77008	7 Amount (\$) 5498.29
8 Purpose of expenditure (See instructions regarding type of information required.) Political consultation and reimbursement for expenses		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code 1001 West Loop South Houston TX 77027	Amount (\$) 132.91
Purpose of expenditure (See instructions regarding type of information required.) Campaign Cell Phone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 01/31/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code 1001 West Loop South Houston TX 77027	Amount (\$) 52.27
Purpose of expenditure (See instructions regarding type of information required.) Blackberry device		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/03/2002	Payee name Cingular Wireless Payee address; City; State; Zip Code 1001 West Loop South Houston TX 77027	Amount (\$) 362.55
Purpose of expenditure (See instructions regarding type of information required.) Campaign cell phone		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
28/33

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
02/23/2002

5 Payee name
Cingular Wireless

7 Amount
(\$)
94.80

6 Payee address; City; State; Zip Code
1001 West Loop South
Houston TX 77027

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

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

Date
03/29/2002

Payee name
Cingular Wireless

Amount
(\$)
85.00

Payee address; City; State; Zip Code
1001 West Loop South
Houston TX 77027

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

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

Date
05/01/2002

Payee name
Cingular Wireless

Amount
(\$)
355.10

Payee address; City; State; Zip Code
1001 West Loop South
Houston TX 77027

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

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

Date
06/24/2002

Payee name
Cingular Wireless

Amount
(\$)
335.17

Payee address; City; State; Zip Code
1001 West Loop South
Houston TX 77027

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

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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 29/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 01/18/2002	5 Payee name Dinosaur Plastics 6 Payee address; City; State; Zip Code 4727 Gulf Freeway Houston TX 77023	7 Amount (\$) 54.07
8 Purpose of expenditure (See instructions regarding type of information required.) Magnetic signs		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/08/2002	Payee name Dinosaur Plastics Payee address; City; State; Zip Code 4727 Gulf Freeway Houston TX 77023	Amount (\$) 36.37
Purpose of expenditure (See instructions regarding type of information required.) Signs for HLS&R parade		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/29/2002	Payee name Downtown Historic District Payee address; City; State; Zip Code 820 Franklin Houston TX 77002	Amount (\$) 45.00
Purpose of expenditure (See instructions regarding type of information required.) Annual luncheon ticket		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/15/2002	Payee name E.B. Cape Center Payee address; City; State; Zip Code 4501 Leeland Houston TX 77023	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Rent for community task force meeting		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 30/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 02/12/2002	5 Payee name Houston Livestock Show and Rodeo	7 Amount (\$) 50.00
6 Payee address; City; State; Zip Code P.O. Box 20070 Houston TX 77225		
8 Purpose of expenditure (See instructions regarding type of information required.) Membership dues		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/18/2002	Payee name Idylwood Civic Club	Amount (\$) 50.00
Payee address; City; State; Zip Code 6673 Merry Ln. Houston TX 77023		
Purpose of expenditure (See instructions regarding type of information required.) Donation for Spurlock Park event		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/30/2002	Payee name Irma's Southwest Grill	Amount (\$) 250.00
Payee address; City; State; Zip Code 1314 Texas Houston TX 77002		
Purpose of expenditure (See instructions regarding type of information required.) Catering for fundraiser		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/01/2002	Payee name KTSU Choice 99.9 FM Public Radio	Amount (\$) 50.00
Payee address; City; State; Zip Code 3100 Cleburne Ave. Houston TX 77004		
Purpose of expenditure (See instructions regarding type of information required.) Membership drive pledge		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 31/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 01/31/2002	5 Payee name Mission Burritos <hr/> 6 Payee address; City; State; Zip Code 1210 W. Clay # 16 Houston TX 77019	7 Amount (\$) 694.80
8 Purpose of expenditure (See instructions regarding type of information required.) Catering for campaign volunteers party		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 04/15/2002	Payee name Mrs. Marjorie Montemayor <hr/> Payee address; City; State; Zip Code 11719 Meadowtrail Houston TX 77477	Amount (\$) 46.12
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 02/23/2002	Payee name Mr. James Rodriguez <hr/> Payee address; City; State; Zip Code 7814 Moline Houston TX 77087	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for expenses		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/29/2002	Payee name Mr. James Rodriguez <hr/> Payee address; City; State; Zip Code 7814 Moline Houston TX 77087	Amount (\$) 75.00
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

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 32/33
2 FILER NAME Ms. Carol Alvarado		3 ACCOUNT # (Ethics Commission filers) 5375
4 Date 05/01/2002	5 Payee name Rosa's Flower Shop 6 Payee address; City; State; Zip Code 7505 Laredo St. Houston TX 77020	7 Amount (\$) 51.41
8 Purpose of expenditure (See instructions regarding type of information required.) Flowers for Funeral of Mr. Lizandro Tijerina		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 03/01/2002	Payee name Texas Southern University Alumni & Ex Students Assoc. Payee address; City; State; Zip Code 3821 N. MacGregor Way Houston TX 77004	Amount (\$) 20.00
Purpose of expenditure (See instructions regarding type of information required.) Awards luncheon ticket		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/13/2002	Payee name The Flower Garden Payee address; City; State; Zip Code 4917 Fannin Houston TX 77004	Amount (\$) 93.53
Purpose of expenditure (See instructions regarding type of information required.) Flowers for Magnolia senior citizens		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/11/2002	Payee name The Old Timers Club of Houston Payee address; City; State; Zip Code P.O. Box 4185 Houston TX 77210	Amount (\$) 25.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising for Scholarship Dance Brochure		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
33/33

2 FILER NAME
Ms. Carol Alvarado

3 ACCOUNT # (Ethics Commission filers)
5375

4 Date
06/24/2002

5 Payee name
The Rusk Athletic Club
.....
6 Payee address; City; State; Zip Code
7357 Cayton St.
Houston TX 77061

7 Amount (\$)
30.00

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

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

Date
02/23/2002

Payee name
Tony Cardenas Campaign
.....
Payee address; City; State; Zip Code
719 Finale Ct.
San Antonio TX 78216

Amount (\$)
250.00

Purpose of expenditure (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
05/15/2002

Payee name
Tracey's Dance Company
.....
Payee address; City; State; Zip Code
13837 Longview
Houston TX 77015

Amount (\$)
25.00

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

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

Date
04/01/2002

Payee name
Womens Political Forum
.....
Payee address; City; State; Zip Code
5051 Westheimer, Ste. 600
Houston TX 77056

Amount (\$)
25.00

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

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