

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 1980	2 PAGE # 1 of 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Carol	MI
	NICKNAME	LAST Alvarado	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING 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	MS / MRS / MR Mr.	FIRST Richard	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, Suite 5100 Houston, TX 77010		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(713) 651-3626			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2006		12/31/2006
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)		12 OFFICE SOUGHT (if known)
13 NOTICE OF 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 Alvarado, Carol (Ms.)

15 ACCOUNT # (Ethics Commission filers)  
1980

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 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)

\$ 0.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 24,658.19

CONTRIBUTION BALANCE

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

\$ 317,328.49

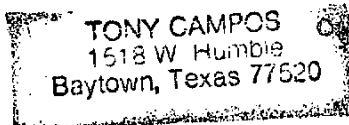
OUTSTANDING LOAN TOTALS

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

\$ 0.00

18 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 15 day of JAN, 20 07, to certify which, witness my hand and seal of office.

*Tony Campos*  
Signature of officer administering oath



TONY CAMPOS  
NOTARY PUBLIC, STATE OF TEXAS  
MY COMMISSION EXPIRES  
MARCH 18, 2011  
Print name of officer administering oath

*Texas Notary*  
Title of officer administering oath

# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1** PAGE #  
Schedule: 1/24 Report: 3/26

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

<b>4</b> Date  08/15/2006	<b>5</b> Payee name A L F Houston/Gulf Coast Chapter	<b>7</b> Amount (\$)  \$100.00
<b>6</b> Payee address; City; State; Zip Code 3101 Richmond Ave., Suite 140 Houston, TX 77098		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Annual Membership Fee  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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<b>4</b> Date  09/08/2006	<b>5</b> Payee name B & G Printing	<b>7</b> Amount (\$)  \$189.45
<b>6</b> Payee address; City; State; Zip Code 9500 Westview Houston, TX 77055		

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing originally paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
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<b>15</b> Means of transportation	<b>16</b> Purpose of travel
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# POLITICAL EXPENDITURES

## SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form. **1 PAGE #**  
Schedule: 2/24 Report: 4/26

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

<b>4 Date</b>	<b>5 Payee name</b> B & G Printing	<b>7 Amount</b> (\$)
10/12/2006	<b>6 Payee address; City; State; Zip Code</b> 9500 Westview Houston, TX 77055	\$422.82

<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Printing for birthday invitation originally paid by Campos Communications and reimbursed	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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<b>4 Date</b>	<b>5 Payee name</b> Boy Scout Troop 1496	<b>7 Amount</b> (\$)
10/19/2006	<b>6 Payee address; City; State; Zip Code</b> 9217 E Avenue L Houston, TX 77012	\$35.00

<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Fiesta Dinner	<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	

**10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
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<b>15 Means of transportation</b>	<b>16 Purpose of travel</b>
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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/24 Report: 5/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission tiers) 1980	
<b>4</b> Date  07/20/2006	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$2,500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consultation Fee July  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  09/19/2006	<b>5</b> Payee name Campos Communications  <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$2,500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consultation Fee August  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/24 Report: 6/26	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date 10/06/2006	5 Payee name Campos Communications  6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	7 Amount (\$)  \$2,500.00	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee September  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date 11/15/2006	5 Payee name Campos Communications  6 Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	7 Amount (\$)  \$50.00	
8 Purpose of payment (See instructions regarding type of information required.) delivery services  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/24 Report: 7/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  11/15/2006	<b>5</b> Payee name Campos Communications ----- <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$25.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) copies  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  12/20/2006	<b>5</b> Payee name Campos Communications ----- <b>6</b> Payee address; City; State; Zip Code 816 Ralfallen Houston, TX 77008	<b>7</b> Amount (\$)  \$2,500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consultation Fee Nov.  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 6/24 Report: 8/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  10/24/2006	<b>5</b> Payee name Casa Ramirez  <b>6</b> Payee address; City; State; Zip Code 241 West 19th Houston, TX 77008	<b>7</b> Amount (\$)  \$12.99	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) T-shirt as prop for speech paid by Campos Comm and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  07/31/2006	<b>5</b> Payee name Costco  <b>6</b> Payee address; City; State; Zip Code 1150 Bunker Hill Rd Houston, TX 77055	<b>7</b> Amount (\$)  \$60.53	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) supplies for National Night Out paid by Gracie Garces and will be reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	



# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/24 Report: 9/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  09/22/2006	<b>5</b> Payee name Exxon  ..... <b>6</b> Payee address; City; State; Zip Code 5959 Las Colinas Boulevard Irving, TX 75039	<b>7</b> Amount (\$)  \$24.28	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Gas for Rent car for Austin Trip paid by Campos Communciations and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  08/07/2006	<b>5</b> Payee name FedEx Kinkos  ..... <b>6</b> Payee address; City; State; Zip Code 10670 Northwest Freeway Houston, TX 77092	<b>7</b> Amount (\$)  \$17.08	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) copies paid by Campos Comm. and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 8/24 Report: 10/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  08/20/2006	<b>5</b> Payee name FedEx Kinkos  <b>6</b> Payee address; City; State; Zip Code 10670 Northwest Freeway Houston, TX 77092	<b>7</b> Amount (\$)  \$15.08	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) copies paid by Campos Comm. and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  09/19/2006	<b>5</b> Payee name Harris County Tejano Democrats  <b>6</b> Payee address; City; State; Zip Code 1445 N. Loop West, Suite 110 Houston, TX 77008	<b>7</b> Amount (\$)  \$300.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship Ad  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/24 Report: 11/26	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  12/11/2006	5 Payee name Henderson, Don  6 Payee address; City; State; Zip Code 703 Mosby Circle Houston, TX 77007	7 Amount (\$)  \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution Returned  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date	
15 Means of transportation		16 Purpose of travel	
4 Date  12/11/2006	5 Payee name Herrera, Patricia  6 Payee address; City; State; Zip Code 11918 Gallant Ridge Ln Houston, TX 77082	7 Amount (\$)  \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution Returned  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		14 Arrival date	
15 Means of transportation		16 Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/24 Report: 12/26	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  09/21/2006	5 Payee name Hertz  6 Payee address; City; State; Zip Code 2120 Louisiana Street Houston, TX 77002	7 Amount (\$)  \$55.73	
8 Purpose of payment (See instructions regarding type of information required.) rent car for Austin trip paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	
4 Date  10/14/2006	5 Payee name Houston Hispanic Fire Fighter Caucus  6 Payee address; City; State; Zip Code 1907 Freeman Houston, TX 77009	7 Amount (\$)  \$50.00	
8 Purpose of payment (See instructions regarding type of information required.) Christmas Party  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
15 Means of transportation		16 Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/24 Report: 13/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  09/06/2006	<b>5</b> Payee name Houston Professional Fire Fighters Local 341  <b>6</b> Payee address; City; State; Zip Code ..... 1907 Freeman Street Houston, TX 77009	<b>7</b> Amount (\$)  \$100.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Golf Tournament  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  07/31/2006	<b>5</b> Payee name King Dollar  <b>6</b> Payee address; City; State; Zip Code ..... 9373 Richmond Ave. Houston, TX 77063	<b>7</b> Amount (\$)  \$10.83	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) supplies for National Night Out - paid by Grace Garces and will be reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/24 Report: 14/26	
2 FILER NAME Alvarado, Carol (Ms.)		3 ACCOUNT # (Ethics Commission filers) 1980	
4 Date  08/06/2006	5 Payee name Kroger  6 Payee address; City; State; Zip Code 5150 Buffalo Speedway Houston, TX 77005	7 Amount (\$)  \$30.77	
8 Purpose of payment (See instructions regarding type of information required.) Council Pastry Day - Fruit - Paid by Previn Jones and was reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  10/24/2006	5 Payee name Kroger  6 Payee address; City; State; Zip Code 5150 Buffalo Speedway Houston, TX 77005	7 Amount (\$)  \$24.99	
8 Purpose of payment (See instructions regarding type of information required.) Council Breakfast - Fruit - Paid by Jerome Greenspan and will be reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 13/24 Report: 15/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  12/11/2006	<b>5</b> Payee name McNair, Robert  <b>6</b> Payee address; City; State; Zip Code Reliant Stadium, Two Reliant Park Houston, TX 77054	<b>7</b> Amount (\$)  \$1,500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contribution Return  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  09/08/2006	<b>5</b> Payee name Monarch Printing  <b>6</b> Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	<b>7</b> Amount (\$)  \$234.09	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 14/24 Report: 16/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  09/08/2006	<b>5</b> Payee name Monarch Printing  ..... <b>6</b> Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	<b>7</b> Amount (\$)  \$260.29	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  09/11/2006	<b>5</b> Payee name Monarch Printing  ..... <b>6</b> Payee address; City; State; Zip Code 6605 McGrew Houston, TX 77087	<b>7</b> Amount (\$)  \$275.55	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) State of the District Programs paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	



# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 PAGE #  
Schedule: 15/24 Report: 17/26

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

4 Date  11/03/2006	5 Payee name NALEO  6 Payee address; City; State; Zip Code 1122 W. Washington Blvd. Los Angeles, CA 90015	7 Amount (\$)  \$100.00
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8 Purpose of payment (See instructions regarding type of information required.) Membership Fee  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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4 Date  10/18/2006	5 Payee name Office Max  6 Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019	7 Amount (\$)  \$41.11
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8 Purpose of payment (See instructions regarding type of information required.) Toner for letter paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
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15 Means of transportation	16 Purpose of travel
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 16/24 Report: 18/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  11/02/2006	<b>5</b> Payee name Office Max  ..... <b>6</b> Payee address; City; State; Zip Code 1576 West Gray Houston, TX 77019	<b>7</b> Amount (\$)  \$33.06	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Nametags for bday party paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  10/06/2006	<b>5</b> Payee name Parsee, Ray  ..... <b>6</b> Payee address; City; State; Zip Code 2239 Beaver Bend Ct Houston, TX 77088	<b>7</b> Amount (\$)  \$1,000.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) deposit for Allstars Band at Birthday Party Event  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 17/24 Report: 19/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  11/03/2006	<b>5</b> Payee name Parsee, Ray  ..... <b>6</b> Payee address; City; State; Zip Code 2239 Beaver Bend Ct Houston, TX 77088	<b>7</b> Amount (\$)  \$1,000.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Allstars Band at Birthday Party Event  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  10/05/2006	<b>5</b> Payee name Planned Parenthood  ..... <b>6</b> Payee address; City; State; Zip Code 3601 Fannin St. Houston, TX 77004	<b>7</b> Amount (\$)  \$250.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Donation for 70th Anniversary Event  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/24 Report: 20/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date 11/03/2006	<b>5</b> Payee name Sambuca  <b>6</b> Payee address; City; State; Zip Code 909 Texas Houston, TX 77002	<b>7</b> Amount (\$) \$6,087.75	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Catering for Birthday Party event.  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date 09/21/2006	<b>5</b> Payee name Shell  <b>6</b> Payee address; City; State; Zip Code 910 Louisiana St Houston, TX 77002	<b>7</b> Amount (\$) \$15.04	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Gas for rent car for Austin trip paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 19/24 Report: 21/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date 10/14/2006	<b>5</b> Payee name Southwest Airlines  <b>6</b> Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	<b>7</b> Amount (\$)  \$50.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) (See travel info)  <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Alvarado, Carol (Ms.)			
<b>11</b> Departure city / location Houston, TX	<b>12</b> Departure date 12/03/2006	<b>13</b> Destination city / location Los Angeles	<b>14</b> Arrival date 12/04/2006
<b>15</b> Means of transportation Air		<b>16</b> Purpose of travel Attend Alex Padilla Inauguration	
<b>4</b> Date 10/14/2006	<b>5</b> Payee name Southwest Airlines  <b>6</b> Payee address; City; State; Zip Code P.O. Box 36647 - 1CR Dallas, TX 75235	<b>7</b> Amount (\$)  \$50.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) fee to renew an expired Rapid Rewards ticket to go to Brownsville, TX. Met with Lucio's Staff.  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 20/24 Report: 22/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  08/06/2006	<b>5</b> Payee name St. Alphonsus Catholic Church  ..... <b>6</b> Payee address; City; State; Zip Code 9201 E Avenue L Houston, TX 77012	<b>7</b> Amount (\$)  \$160.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Church bazaar auction  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  10/14/2006	<b>5</b> Payee name Texas Ethics Commission  ..... <b>6</b> Payee address; City; State; Zip Code 201 East 14th St., 10th Floor Austin, TX 78701	<b>7</b> Amount (\$)  \$500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Order/Agreed Resolution  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 21/24 Report: 23/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date  08/07/2006	<b>5</b> Payee name US Postmaster  <b>6</b> Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	<b>7</b> Amount (\$)  \$22.85	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  09/01/2006	<b>5</b> Payee name US Postmaster  <b>6</b> Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	<b>7</b> Amount (\$)  \$78.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

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

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1 PAGE #</b> Schedule: 22/24 Report: 24/26	
<b>2 FILER NAME</b> Alvarado, Carol (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 1980	
<b>4 Date</b>  09/05/2006	<b>5 Payee name</b> US Postmaster  <b>6 Payee address; City; State; Zip Code</b> 1050 Yale Houston, TX 77008	<b>7 Amount (\$)</b>  \$156.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  10/12/2006	<b>5 Payee name</b> US Postmaster  <b>6 Payee address; City; State; Zip Code</b> 1050 Yale Houston, TX 77008	<b>7 Amount (\$)</b>  \$390.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	



# POLITICAL EXPENDITURES

## SCHEDULE F

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 23/24 Report: 25/26	
<b>2 FILER NAME</b> Alvarado, Carol (Ms.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 1980	
<b>4 Date</b>	<b>5 Payee name</b> US Postmaster	<b>7 Amount</b> (\$)	
10/14/2006	<b>6 Payee address; City; State; Zip Code</b> 1050 Yale Houston, TX 77008	\$14.40	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Express Mail to Austin paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>	<b>5 Payee name</b> US Postmaster	<b>7 Amount</b> (\$)	
10/18/2006	<b>6 Payee address; City; State; Zip Code</b> 1050 Yale Houston, TX 77008	\$195.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

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

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 24/24 Report: 26/26	
<b>2</b> FILER NAME Alvarado, Carol (Ms.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 1980	
<b>4</b> Date 10/20/2006	<b>5</b> Payee name US Postmaster  <b>6</b> Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	<b>7</b> Amount (\$)  \$195.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date 10/24/2006	<b>5</b> Payee name US Postmaster  <b>6</b> Payee address; City; State; Zip Code 1050 Yale Houston, TX 77008	<b>7</b> Amount (\$)  \$175.50	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Postage paid by Campos Communications and reimbursed  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1
2 FILER NAME <b>Carol Alvarado</b>		3 ACCOUNT # (Ethics Commission files) <b>1930</b>
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>SOUTHWEST AIRLINES</b>		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel <b>12/3/06- 12/4/06</b>	7 Name of person(s) traveling <b>Carol Alvarado</b>	
8 Departure city or name of departure location <b>Houston, TX</b>		
9 Destination city or name of destination location <b>Los Angeles, CA</b>		
10 Means of transportation <b>air</b>	11 Purpose of travel (including name of conference, seminar, or other event) <b>Alex Padilla Inauguration</b>	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
Departure city or name of departure location		
Destination city or name of destination location		
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b>		