

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
88888888

2 PAGE #
1 of 46

3 COMMITTEE NAME
The Carol Alvarado Legal Fund

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

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

Change of Address

816 Ralfallen
Houston, TX 77008

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Albert

NICKNAME LAST SUFFIX
AL Luna III

Receipt #

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

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

3000 Wesleyan, #330
Houston, TX 77027

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

3000 Wesleyan, #330
Houston, TX 77027

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(713) 624-1060

9 REPORT TYPE

- January 15
 July 15
- 30th day before election
 8th day before election
 Runoff
- Exceeded \$500 limit
 Dissolution (attach PAC-DR)
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

07/01/2006

THROUGH

Month Day Year

12/31/2006

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

- Primary Runoff General Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME **The Carol Alvarado Legal Fund**

ACCOUNT # (Ethics Commission filers)
88888888

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

SUPPORT (Candidate or Measure)

MEASURE (Candidate or Measure)

ASSIST (Officeholder only)

CANDIDATE

OFFICEHOLDER

MEASURE

CANDIDATE / OFFICEHOLDER NAME

Carol Alvarado

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Houston City Council, Dist. I

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year

DESCRIPTION

14 CONTRIBUTION TOTALS

EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN 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)

\$ 26,325.00

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 72,000.00

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

\$ 800.00

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

\$ 0.00

15 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.

Albert "Al" Luna III

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by the said **Albert Luna** of **JAN**, 20 **07**, to certify which, witness my hand and seal of office.

Signature of officer administering oath



TONY CAMPOS
NOTARY PUBLIC, STATE OF TEXAS
MY COMMISSION EXPIRES

Print name of officer administering oath

this the **15** day
TONY CAMPOS
1518 W Humble
Baytown, Texas 77520
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 1/43 Report: 3/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/07/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Acosta, DAvid

6 Contributor address; City; State; Zip Code
Houston, TX 77011

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

10/30/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Alvarado, Norma

6 Contributor address; City; State; Zip Code
Houston, TX 77023

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

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14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 2/43 Report: 4/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/06/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Alvarado, Paul

6 Contributor address; City; State; Zip Code
Gonzales, TX 77869

7

Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/14/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Arcizo, Gregorio

6 Contributor address; City; State; Zip Code
Houston, TX 77012

7

Amount of
contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #
Schedule: 3/43 Report: 5/46

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date
11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Bernal, Robert

6 Contributor address; City; State; Zip Code
Hockley, TX 77447

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date
11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Bradford, Sally

6 Contributor address; City; State; Zip Code
Houston, TX 77098

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 4/43 Report: 6/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/21/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Brando Halsey, Toy

6 Contributor address; City; State; Zip Code
Houston, TX 77005

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/11/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Bryant, Faye

6 Contributor address; City; State; Zip Code
Houston, TX 77019

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|--|--|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 5/43 Report: 7/46 |
| 4 Date 07/05/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# CDMPAC | 3 ACCOUNT # (Ethics Commission filers) 88888888 |
| 6 Contributor address: City; State; Zip Code Houston, TX 77056 | | 7 Amount of contribution (\$) \$500.00 |

| | |
|--|--|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

| | | | |
|------------------------------|-------------------|--------------------------------|-----------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

| | | |
|---|--|---|
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# Chavez, Roland | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address: City; State; Zip Code Houston, TX 77009 | | |

| | |
|--|--|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

| | | | |
|------------------------------|-------------------|--------------------------------|-----------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 6/43 Report: 8/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID#)
De La Fuente, Lucia

6 Contributor address; City; State; Zip Code
Houston, TX 77023

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID#)
Dixon, James

6 Contributor address; City; State; Zip Code
Houston, TX 77018

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 7/43 Report: 9/46 |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | 4 Date 10/02/2006 |
| 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Drake, Jack | | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77060 | | |

| | | | |
|--|-------------------|--|-----------------|
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

| | | | |
|---|--|--|---|
| 4 Date 10/27/2006 | | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Eaton, Samuel | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77071 | | | |

| | | | |
|--|-------------------|--|-----------------|
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 8/43 Report: 10/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date

09/07/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Fillip, JR

7 Amount of contribution (\$)

\$50.00

6 Contributor address: City; State; Zip Code
Houston, TX 77087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

08/01/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Fox, Donald

7 Amount of contribution (\$)

\$50.00

6 Contributor address: City; State; Zip Code
Houston, TX 77023

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | | |
|--|---|---|-----------------|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 9/43 Report: 11/46 | |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | 7 Amount of contribution (\$) \$500.00 | |
| 4 Date 11/01/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Foxhall, Nene | 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Houston, TX 77004 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gaitan, Manuel | 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Houston, TX 77087 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |
| | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 10/43 Report: 12/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/15/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Garcia, Bill

6 Contributor address; City; State; Zip Code
Pearland, TX 77581

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/15/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Garcia, Carlos

6 Contributor address; City; State; Zip Code
Houston, TX 77023

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

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17 Means of transportation

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 11/43 Report: 13/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/21/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Garcia, Rick

6 Contributor address; City; State; Zip Code
Houston, TX 77017

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Gardner, Pamela

6 Contributor address; City; State; Zip Code
Houston, TX 77019

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

| | | | |
|--|---|---|--|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 12/43 Report: 14/46 | 3 ACCOUNT # (Ethics Commission filers) 88888888 |
| 4 Date 11/01/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gerber, Jeff | 7 Amount of contribution (\$) \$1,000.00 | |
| 6 Contributor address; City; State; Zip Code Spring, TX 77379 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gonzales, Rachel | 7 Amount of contribution (\$) \$100.00 | |
| 6 Contributor address; City; State; Zip Code Houston, TX 77088 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 13/43 Report: 15/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Gonzales, Sylvia

6 Contributor address; City; State; Zip Code

Houston, TX 77064

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Guerrero, Tito

6 Contributor address; City; State; Zip Code

Houston, TX 77008

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|--|--|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 14/43 Report: 16/46 |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | |
| 4 Date 11/02/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Guess, John | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77096 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location |
| 17 Means of transportation | | 16 Arrival date |
| 18 Purpose of travel | | |
| 4 Date 12/04/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hawes Hill Calderon LLP | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77221 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location |
| 17 Means of transportation | | 16 Arrival date |
| 18 Purpose of travel | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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|---|--|---|--|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 15/43 Report: 17/46 | |
| | | 3 ACCOUNT # (Ethics Commission filers) 88888888 | |
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hernandez, John | | 7 Amount of contribution (\$) \$150.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77019 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | | 14 Departure date | 15 Destination city / location |
| | | 16 Arrival date | |
| 17 Means of transportation | | 18 Purpose of travel | |
| | | | |
| 4 Date 11/15/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hiransomboon, Chantana | | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77237 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | | 14 Departure date | 15 Destination city / location |
| | | 16 Arrival date | |
| 17 Means of transportation | | 18 Purpose of travel | |
| | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 16/43 Report: 18/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

07/10/2006

5 Full name of contributor out-of-state PAC(ID#
Houston Dock and Marine Council

6 Contributor address; City; State; Zip Code
Pasadena, TX 77506

7 Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/01/2006

5 Full name of contributor out-of-state PAC(ID#
I.B.E.W. - COPE C00027342

6 Contributor address; City; State; Zip Code
Washington, DC 20001

7 Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #
Schedule: 17/43 Report: 19/46

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date 11/03/2006
5 Full name of contributor I.K.E. Enterprises out-of-state PAC(ID# _____)

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
Houston, TX 77231

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 07/10/2006
5 Full name of contributor I.L.A. Local 28 out-of-state PAC(ID# _____)

7 Amount of contribution (\$)
\$500.00

6 Contributor address; City; State; Zip Code
Pasadena, TX 77506

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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|--|--|---|--|--|-----------------|
| The INSTRUCTION GUIDE explains how to complete this form. | | | | 1 PAGE # Schedule: 18/43 Report: 20/46 | |
| 2 FILER NAME The Carol Alvarado Legal Fund | | | | 3 ACCOUNT # (Ethics Commission filers) 88888888 | |
| 4 Date 07/10/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ILA #24 Political Action Fund | 6 Contributor address; City; State; Zip Code Houston, TX 77012 | | 7 Amount of contribution (\$) \$500.00 | |
| 8 Principal occupation / Job title (See Instructions) | | | 9 Employer (See Instructions) | | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | 11 In-kind description (if applicable) | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | |
| 13 Departure city / location | | 14 Departure date | 15 Destination city / location | | 16 Arrival date |
| 17 Means of transportation | | | 18 Purpose of travel | | |
| 4 Date 07/10/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) ILA Local 1351 PAC | 6 Contributor address; City; State; Zip Code Houston, TX 77012 | | 7 Amount of contribution (\$) \$500.00 | |
| 8 Principal occupation / Job title (See Instructions) | | | 9 Employer (See Instructions) | | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | | 11 In-kind description (if applicable) | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | | | |
| 13 Departure city / location | | 14 Departure date | 15 Destination city / location | | 16 Arrival date |
| 17 Means of transportation | | | 18 Purpose of travel | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 19/43 Report: 21/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/05/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Jackson, Eva

6 Contributor address; City; State; Zip Code
Houston, TX 77025

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
King, Victor

6 Contributor address; City; State; Zip Code
Houston, TX 77023

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/43 Report: 22/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Kuhl, John

7 Amount of
contribution (\$)

11/30/2006

6 Contributor address: _____ City: State; Zip Code

Houston, TX 77056

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

5 Full name of contributor out-of-state PAC(ID# _____)
Kvinta, William

7 Amount of
contribution (\$)

09/11/2006

6 Contributor address: _____ City: State; Zip Code

Houston, TX 77227

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 21/43 Report: 23/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Lewis, Richard

6 Contributor address; City; State; Zip Code

Houston, TX 77006

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Linton, Melaney

6 Contributor address; City; State; Zip Code

Houston, TX 77006

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 22/43 Report: 24/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date 09/25/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Lipton, Larry

6 Contributor address: _____ City: _____ State: _____ Zip Code _____
Houston, TX 77068

7 Amount of contribution (\$) \$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date 11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
LM Rose Consulting Group

6 Contributor address: _____ City: _____ State: _____ Zip Code _____
Houston, TX 77071

7 Amount of contribution (\$) \$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution
 Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 23/43 Report: 25/46 |
| 4 Date 09/01/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lopez, Anthony | 3 ACCOUNT # (Ethics Commission filers) 88888888 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77089 | | 7 Amount of contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

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| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

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|---|---|--|
| 4 Date 10/11/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lopez, James | 7 Amount of contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77011 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

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| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

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|------------------------------|-------------------|--------------------------------|-----------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 24/43 Report: 26/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date

10/16/2006

5 Full name of contributor out-of-state PAC(ID# _____)
McBride, Gray

6 Contributor address; City; State; Zip Code
Sante Fe, NM 87502

7

Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary).

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/18/2006

5 Full name of contributor out-of-state PAC(ID# _____)
McDaniel, Demetrius

6 Contributor address; City; State; Zip Code
Austin, TX 78701

7

Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 25/43 Report: 27/46 |
| 4 Date 09/11/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Milam, David | 3 ACCOUNT # (Ethics Commission filers) 88888888 |
| 6 Contributor address; City; State; Zip Code _____ Houston, TX 77007 | | 7 Amount of contribution (\$) \$100.00 |

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|--|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|--|--------------------------------------|

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| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
|---|---|

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

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| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|

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|-----------------------------------|-----------------------------|
| 17 Means of transportation | 18 Purpose of travel |
|-----------------------------------|-----------------------------|

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|--|--|--|
| 4 Date 09/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Molander, Jarl | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code _____ Magnolia, TX 77354 | | |

| | |
|--|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|--|--------------------------------------|

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|---|---|
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
|---|---|

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

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|-------------------------------------|--------------------------|---------------------------------------|------------------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|

| | |
|-----------------------------------|-----------------------------|
| 17 Means of transportation | 18 Purpose of travel |
|-----------------------------------|-----------------------------|

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 26/43 Report: 28/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/01/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Monty, Jacob

6 Contributor address; City; State; Zip Code
Houston, TX 77084

7 Amount of contribution (\$)

\$5,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Morales, Terry

6 Contributor address; City; State; Zip Code
Houston, TX 77008

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | | |
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| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 27/43 Report: 29/46 | |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | | |
| 4 Date 09/30/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Moreno, Frank Jr. | 7 Amount of contribution (\$) \$200.00 | |
| 6 Contributor address; City; State; Zip Code Houston, TX 77009 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |
| 4 Date 10/16/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Muhammad, Robert | 7 Amount of contribution (\$) \$100.00 | |
| 6 Contributor address; City; State; Zip Code Houston, TX 77021 | | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | | |
|--|-------------------|--|-----------------|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 28/43 Report: 30/46 | |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | 4 Date 11/03/2006 | |
| 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Murillo, Laura | | 7 Amount of contribution (\$) \$25.00 | |
| 6 Contributor address; City; State; Zip Code Pearland, TX 77581 | | 8 Principal occupation / Job title (See Instructions) | |
| 9 Employer (See Instructions) | | 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-16. Otherwise, complete box 11 if applicable. | |
| 11 In-kind description (if applicable) | | 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |
| 4 Date 07/19/2006 | | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nau, John | |
| 6 Contributor address; City; State; Zip Code Houston, TX 77019 | | 7 Amount of contribution (\$) \$1,000.00 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 29/43 Report: 31/46

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date

09/07/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Othon, William

6 Contributor address; City; State; Zip Code
Houston, TX 77042

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/01/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Paseman, RR

6 Contributor address; City; State; Zip Code
Houston, TX 77023

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

| | | |
|---|--|--|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 30/43 Report: 32/46 |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | |
| 4 Date 07/20/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pauli, Barbara | 7 Amount of contribution (\$) \$150.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77096 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location |
| 17 Means of transportation | | 16 Arrival date |
| 18 Purpose of travel | | |
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Pendleton, Brian | 7 Amount of contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Austin, TX 78741 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location |
| 17 Means of transportation | | 16 Arrival date |
| 18 Purpose of travel | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 31/43 Report: 33/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Quinones, Mario

6 Contributor address; City; State; Zip Code

Houston, TX 77017

7

Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Ramos, Mary

6 Contributor address; City; State; Zip Code

Houston, TX 77009

7

Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #
Schedule: 32/43 Report: 34/46

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date
11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Rash, Jeanette

7 Amount of contribution (\$)
\$200.00

6 Contributor address: City; State; Zip Code
Houston, TX 77020

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date
11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Rivera, Albert

7 Amount of contribution (\$)
\$50.00

6 Contributor address: City; State; Zip Code
Houston, TX 77055

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 33/43 Report: 35/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/13/2006

5 Full name of contributor out-of-state PAC(ID#)
Rose, Jerome

6 Contributor address; City; State; Zip Code
Houston, TX 77056

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

07/13/2006

5 Full name of contributor out-of-state PAC(ID#)
Salazar, Epifanio

6 Contributor address; City; State; Zip Code
Houston, TX 77074

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 34/43 Report: 36/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date

11/03/2006

5 Full name of contributor
Sanchez, Benjamin

out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
Houston, TX 77057

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

10/30/2006

5 Full name of contributor
Scott, Richard

out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
Houston, TX 77229

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 35/43 Report: 37/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

09/14/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Silverman, Barry

6 Contributor address; City; State; Zip Code
Houston, TX 77056

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

10/13/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Smith, Graham & Co Investment Advisors LP

6 Contributor address; City; State; Zip Code
Houston, TX 77002

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

| | | |
|--|--|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 36/43 Report: 38/46 |
| 4 Date 11/04/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tamayo, Johnny | 3 ACCOUNT # (Ethics Commission filers) 88888888 |
| 6 Contributor address; City; State; Zip Code South Houston, TX 77587 | | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | |
|---|---|
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

| | | | |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

| | | |
|--|--|---|
| 4 Date 11/02/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Templer, Ali | 7 Amount of contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77023 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | |
|---|---|
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

| | | | |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 37/43 Report: 39/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

10/24/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Thompson, Carla

6 Contributor address; City; State; Zip Code
Houston, TX 77077

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Torres, Gerard

6 Contributor address; City; State; Zip Code
Houston, TX 77006

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 38/43 Report: 40/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

07/05/2006

5 Full name of contributor out-of-state PAC(ID#)
TSC Fund

6 Contributor address; City; State; Zip Code
Houston, TX 77063

7 Amount of contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

10/29/2006

5 Full name of contributor out-of-state PAC(ID#)
Valdez, Esther

6 Contributor address; City; State; Zip Code
Houston, TX 77008

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 39/43 Report: 41/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

11/15/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Vara, Cynthia

6 Contributor address; City; State; Zip Code
Spring, TX 77388

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

09/19/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Vara, Eddie

6 Contributor address; City; State; Zip Code
Spring, TX 77388

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME The Carol Alvarado Legal Fund

1 PAGE #

Schedule: 40/43 Report: 42/46

3 ACCOUNT # (Ethics Commission filers)

88888888

4 Date

10/16/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Wallace, Judy

6 Contributor address; City; State; Zip Code
Houston, TX 77025

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

11/03/2006

5 Full name of contributor out-of-state PAC(ID# _____)
Walle, Armando

6 Contributor address; City; State; Zip Code
Houston, TX 77007

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

| | | |
|---|--|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 41/43 Report: 43/46 |
| | | 3 ACCOUNT # (Ethics Commission filers) 88888888 |

| | | |
|--|--|--|
| 4 Date 11/03/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walters, Bruce | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code Deer Park, TX 77536 | | |

| | |
|--|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|--|--------------------------------------|

| | |
|---|---|
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
|---|---|

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

| | | | |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|

| | |
|-----------------------------------|-----------------------------|
| 17 Means of transportation | 18 Purpose of travel |
|-----------------------------------|-----------------------------|

| | | |
|--|--|--|
| 4 Date 09/13/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Weekley, Richard | 7 Amount of contribution (\$) \$250.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77055 | | |

| | |
|--|--------------------------------------|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|--|--------------------------------------|

| | |
|---|---|
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
|---|---|

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

| | | | |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
|-------------------------------------|--------------------------|---------------------------------------|------------------------|

| | |
|-----------------------------------|-----------------------------|
| 17 Means of transportation | 18 Purpose of travel |
|-----------------------------------|-----------------------------|

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

| | | |
|---|---|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 42/43 Report: 44/46 |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | 7 Amount of contribution (\$) \$1,000.00 |
| 4 Date 07/07/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Williams Bailey Law Firm LLP | |
| 6 Contributor address; City; State; Zip Code Houston, TX 77017 | | |

| | |
|--|--|
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | |

| | | | |
|------------------------------|-------------------|--------------------------------|-----------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

| | | | |
|--|--|--|--|
| 4 Date 11/03/2006 | | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilson, Debra | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Houston, TX 77013 | | | |
| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) | | |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | 11 In-kind description (if applicable) | | |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | | |

| | | | |
|------------------------------|-------------------|--------------------------------|-----------------|
| 13 Departure city / location | 14 Departure date | 15 Destination city / location | 16 Arrival date |
| 17 Means of transportation | | 18 Purpose of travel | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

| | | |
|--|---|---|
| 2 FILER NAME The Carol Alvarado Legal Fund | | 1 PAGE # Schedule: 43/43 Report: 45/46 |
| 3 ACCOUNT # (Ethics Commission filers) 88888888 | | 7 Amount of contribution (\$) \$100.00 |
| 4 Date 10/16/2006 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#) Wilson, Gerald | |
| 6 Contributor address; City; State; Zip Code Katy, TX 77450 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable. | | 11 In-kind description (if applicable) |
| 12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary) | | |
| 13 Departure city / location | 14 Departure date | 15 Destination city / location |
| 17 Means of transportation | | 16 Arrival date |
| | | 18 Purpose of travel |

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 46/46

2 FILER NAME The Carol Alvarado Legal Fund

3 ACCOUNT # (Ethics Commission filers)
88888888

4 Date
12/05/2006

5 Payee name
Rusty Hardin and Associates

7 Amount
(\$)
\$65,000.00

6 Payee address; City; State; Zip Code
5 Houston Center
1401 McKinney, Suite 2250
Houston, TX 77010

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

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
12/29/2006

5 Payee name
Rusty Hardin and Associates

7 Amount
(\$)
\$7,000.00

6 Payee address; City; State; Zip Code
5 Houston Center
1401 McKinney, Suite 2250
Houston, TX 77010

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

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Payment for travel outside Texas (complete boxes 10-16)

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

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

015806

REGISTRATION FORM AND STATEMENT OF ORGANIZATION

FOR A

COMMITTEE

1972 MAY 22 PM 1:05

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND
ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF
\$1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding \$1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of \$1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 1, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oath.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding \$1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oath, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: **INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON**

Mailing address and ZIP code: **POLITICAL EDUCATION**
1125 - 15th Street, N. W.
Washington, D. C. 20005

Date of this registration: **May 19, 1972**

2. Affiliated or connected organizations:

| Name of affiliated or connected organization | Mailing address and ZIP code | Relationship |
|--|--|--------------|
| J.B.E.W. | 1125 - 15th Street, N. W. Washington, D. C. 20005 | |
| Federal Election Commission ID: | C00027342 | |

*Submit additional information on separate statements clearly appropriately labeled and attached to this Statement of Organization (and copy to the appropriate law enforcement information or concerned appropriate parties).

3. Area, Scope and Jurisdiction of the Committee:

- (a) Will this committee operate in more than one State? **Yes**
 (b) Will it operate on a statewide basis in one State? **Yes**
 (c) Will it primarily support candidates seeking State or local office? **No**

(d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of \$1,000 during the calendar year? **Yes**

F.E.C. ELECTION FORM 1

**INTERNATIONAL BROTHERHOOD OF ELECTRICAL
WORKERS COMMITTEE ON POLITICAL EDUCATION**

(Full Name of Committee)

(a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

| Full names of candidates | Mailing address and ZIP code | State and Congressional District | Party |
|---|------------------------------|----------------------------------|-------|
| Will Support A Number of candidates As Determined from Time To Time | | | |

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

| Full names of candidates | Mailing address and ZIP code | Office sought | Party |
|--|------------------------------|---------------|-------|
| Will Support A. Number Of candidates As Determined from Time to Time | | | |

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

| Full names of candidates | Mailing address and ZIP code | Office sought | Party |
|---|------------------------------|---------------|-------|
| Will Support A Number of Candidates As Determined From Time To Time | | | |

If this committee is supporting the entire ticket of a party, give name of party: **Non-Applicable**. Identify by name, address and position, the committee's custodian of books and accounts:

| Full name | Mailing address and ZIP code | Committee title or position |
|------------------|--|-----------------------------|
| Joseph D. Keenan | 1125 - 15th Street, N. W. Washington, D. C. 20005 | Secretary Treasurer |

List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

| Full name | Mailing address and ZIP code | Committee title or position |
|--------------------|--|-----------------------------|
| Charles H. Pillard | 1125 - 15th Street, N. W. Washington, D. C. 20005 | Chairman |

Additional information on separate continuation sheets appropriately labeled and attached to this statement. If no such information is contained on separate sheets.

8. Does this committee plan to stay in existence beyond the current calendar year? Yes Indefinitely If so how long? Indefinitely

9. In the event of dissolution, what disposition will be made of residual funds? Non-Applicable

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

| Name of bank, repository, etc. | Mailing address and ZIP code |
|---------------------------------------|------------------------------|
| The First National Bank of Washington | Washington, D. C. |

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

| Report title | Dates required to be filed | Name and position of recipient | Mailing address and ZIP code |
|--------------|----------------------------|--------------------------------|------------------------------|
| | | | |

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above where information is continued on separate page(s).

District of Columbia
County of _____

I, Joseph D. Keenan being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

Subscribed and sworn to (affirmed) before me this 19th day of May A.D. 1972

Frances Mariett Davis
My commission expires May 12, 1973

[SEAL]

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515