

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

4763

**FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Ms. Karen M.
NICKNAME LAST SUFFIX
Sonleitner

OFFICE USE ONLY

Date Received

Dana DeBeauvoir
County Clerk, Travis County, Texas

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE
1712 Pasadena Dr. Austin TX 78757 OR
P.O. Box 26524 Austin 78755
 Change of Address

Receipt #

HO / PM

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Annette S.
NICKNAME LAST SUFFIX
Cootes

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE
4007 Hyridge Austin TX 78759

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 345-9555

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
07/01/00 THROUGH 12/31/00

10 ELECTION

NA → ELECTION DATE: Month / Day / Year ELECTION TYPE: NA
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)
Pct. 2 Commissioner

12 OFFICE SOUGHT (if known)
NA

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

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

Name
NA

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Karen M. Sonleitner

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

NA

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional page

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE ACTIVITY

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

18 CONTRIBUTION TOTALS

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

\$ —

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

(Schedule A Total)

\$ 0

EXPENDITURE TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

(Schedule F Total)

\$ 471.00

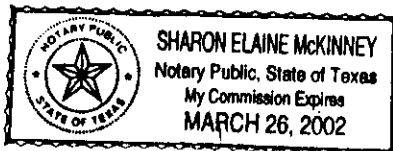
OUTSTANDING LOAN TOTALS

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

\$ 0

19 AFFIDAVIT

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



Karen M. Sonleitner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen M. Sonleitner this the 16th day of January 2001, to certify which, witness my hand and seal of office.

Sharon Elaine McKinney
Signature of officer administering oath

Sharon Elaine McKinney
Print name of officer administering oath

Secretary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/2
2 FILER NAME Karen M. Sonleitner		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-7 2000	5 Payee name Austin AFL-CIO Council 6 Payee address; City; State; Zip Code P.O. Box 684644 Austin, TX 78768-4644	7 Amount (\$) 65.00
8 Purpose of expenditure Sponsor Ad - Labor Day Celebration 9/1/00		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 8-20 2000	Payee name Women's Advocacy Project Payee address; City; State; Zip Code P.O. Box 833 Austin, TX 78767	Amount (\$) 100.00
Purpose of expenditure Sponsor - Ann Snell Award Program 10/12/00		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-10 2000	Payee name League of Women Voters Payee address; City; State; Zip Code 1011 W. 31st Street Austin, TX 78705	Amount (\$) 50.00
Purpose of expenditure Annual Dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9-21 2000	Payee name West Austin Democrats Payee address; City; State; Zip Code P.O. Box 50064 Austin, TX 78763	Amount (\$) 10.00
Purpose of expenditure Annual Dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2/2**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date
9-29
2000

5 Payee name
U.S. Postmaster

7 Amount (\$)
66.00

6 Payee address; City; State; Zip Code
Downtown Station
Austin, TX 78701-9998

8 Purpose of expenditure
Stamps

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

Date
12-29
2000

Payee name
U.S. Postmaster

Amount (\$)
114.00

Payee address; City; State; Zip Code
Chimney Corners
Austin, TX 78755

Purpose of expenditure
Rent - 1 yr. - Campaign P.O. Box

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

Date
7/20
8/20
9/20
10/19
11/17
12/19
2000

Payee name
Bank One

Amount (\$)
66.00
(\$11 per mo.)

Payee address; City; State; Zip Code
7600 Burnet Road
Austin, TX 78757

Purpose of expenditure
Service fee on campaign checking account

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

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure

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

TOTAL \$246