CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4986

FORM C/OH
COVER SHEET PG 1

he C/OH INSTRUCTION GUIDE explains how to complete is form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 15

OFFICE USE ONLY

Date Received

FILED
02 JAN 15 AM 1:00
DANA DEBEAUVOIR
COUNTY CLERK
TRAVIS COUNTY, TEXAS

Receipt #

HD / PM | Amount

Date Processed

Date Imaged

CANDIDATE / OFFICEHOLDER NAME

TITLE: Ms. FIRST: Karen MI: M.

NICKNAME LAST: Sonleitner SUFFIX

CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

1712 Pasadena Drive Austin, TX 78757 OR

P.O. Box 26524 Austin, TX 78755

CAMPAIGN TREASURER NAME

TITLE FIRST: Annette MI: S.

NICKNAME LAST: Cootes SUFFIX

CAMPAIGN TREASURER ADDRESS (Residence or business)

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

4007 Hyridge Austin, TX 78759

CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 345-9555

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)

PERIOD COVERED

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

ELECTION

ELECTION DATE Month Day Year: NEXT YR.

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ General ☐ Special

OFFICE

OFFICE HELD (if any): PCT 2 Commissioner

12 OFFICE SOUGHT (if known): Same

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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Karen M. Sonleitner

15 ACCOUNT # (Ethics Commission filers):

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
☐ GENERAL
☐ SPECIFIC

COMMITTEE NAME: NA

COMMITTEE ADDRESS:

COMMITTEE CAMPAIGN TREASURER NAME:

COMMITTEE CAMPAIGN TREASURER ADDRESS:

☐ additional pages

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)	$ 2,750.00
3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
4.	TOTAL POLITICAL EXPENDITURES (Schedules F + G Totals)	$ 4,312.96
5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

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.

SHARON ELAINE McKINNEY
Notary Public, State of Texas
My Commission Expires
MARCH 26, 2002

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen M. Sonleitner, this the 7th day of January, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Sharon McKinney: Print name of officer administering oath | Secretary: Title of officer administering oath

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1/2

2 FILER NAME: Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission Filers)

Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
7/22 01	Dudley W. + Mari Houghton (☐ out of state PAC) 3219 Bridle Path Austin, TX 78703-2749	25	

Principal occupation: | 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/12 01	Roy A. + Ann S. Butler (☐ out of state PAC) Two Niles Rd. Austin, TX 78703	250	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/12 01	Gary S. Daniel (☐ out of state PAC) 4800 Leeward Court Austin, TX 78731	100	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
10/12 01	Thompson, Coe, Cousins + Irons LLP (☐ out of state PAC) 200 Crescent Court 11th Floor Dallas, TX 75201-1840	500	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
8/12 01	Thomas + Sally Sparks Leach (☐ out of state PAC) 3813 Westlake Drive Austin, TX 78746-1617	25	

Principal occupation: | Employer (optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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$900

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 2/2

FILER NAME: Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
12/13 01	BM + OH ELECTO PAC (☐ out of state PAC) 111 Congress Ave. Suite 1400 Austin, TX 78701-4043	1,000	

Principal occupation: | 10 Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/14 01	Graves, Dougherty Hearon + Moody (☐ out of state PAC) P.O. Box 98 Austin, TX 78767	500	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/14 01	V.A. Slajer (☐ out of state PAC) 1463 Kirby Road McLean, VA 22101	250	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
12/27 01	Bruce Elfant (☐ out of state PAC) 1205 Fairwood Austin, TX 78722	100	

Principal occupation: | Employer (optional):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
	(☐ out of state PAC)		

Principal occupation: | Employer (optional):

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#1850

as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1/8

FILER NAME: Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
7/8 01	Kinko's 9222 Burnet Road Austin, Tx 78758	$108.82

Purpose of expenditure: Copies

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/10 01	U.S. Postmaster Downtown Station Austin, Tx 78701-2924	31.20

Purpose of expenditure: Postage

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
7/22 01	Karen Sonleitner 1712 Pasadena Drive Austin, Tx 78757	21.91

Purpose of expenditure: Repay outstanding out of pocket expenditure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1 1	Gus Peña Austin, Tx 78702	75.00

Purpose of expenditure: School Supply Drive

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$236.93

as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
8/13 01	Austin AFL-CIO Council P.O. Box 684644 Austin, TX 78768-4644	$35.00

urpose of expenditure: Labor Day Ad

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
9/5 01	West Austin Democrats P.O. Box 50064 Austin, TX 78763	$10.00

rpose of expenditure: Annual dues

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
/24 01	Women's Advocacy Center P.O. Box 833 Austin, TX 78767	100.00

ose of expenditure: Sponsor: 10/16 Event

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
/24 01	League of Women Voters of Austin 1011 W. 31ST Street Austin, TX 78705	50.00

se of expenditure: Annual dues

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$195.00

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
9/24 01	U.S. Postmaster Downtown Station Austin, TX 78701-2924	68.00

Purpose of expenditure: Stamps

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/26 01	HEB 5808 Burnet Road Austin, TX 78756	114.07

Purpose of expenditure: Post-budget PBO food

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/22 01	Travis County Democratic Party P.O. Box 684263 Austin, TX 78768	30.00

Purpose of expenditure: 9/22 Roast ticket

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
9/14 01	Texas Freedom Network P.O. Box 1624 Austin, TX 78767-9926	100.00

Purpose of expenditure: 9/12 Event Sponsor

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

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#312.07

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/4 01	League of Women Voters 1011 W. 31ST Street Austin, TX 78705	25.00

urpose of expenditure: Ticket: 12/4 Legislative Reception

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9 01	Karen Sonleitner 1712 Pasadena Drive Austin, TX 78757	171.65

rpose of expenditure: Repayment of all outstanding out-of-pocket

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9 01	Panther Celebration 2002 P.O. Box 1817 Pflugerville, TX 78691-1817	100.00

pose of expenditure: ponsor: 2002 Pflugerville High School Event

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9 01	LGRL of Texas P.O. Box 2340 Austin, TX 78768	100.00

se of expenditure: Renewal-membership

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

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$396.65

as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 5/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
2/9 01	Greater Pflugerville Chamber of Commerce 101 S. Third Street P.O. Box 483 Pflugerville, TX 78691-0483	75.00

urpose of expenditure: 2002 Membership

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/9 01	Central Austin Democrats 1501 Barton Springs Rd, Suite 233 Austin, TX 78704	25.00

rpose of expenditure: Membership Dues

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/9 01	S. Austin Tejano Democrats 7306 Meadowood Drive Austin, TX 78723	50.00

pose of expenditure: 1/29 Event

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/9 01	University Democrats SOC #145 100-C W. Dean Keeton Austin, TX 78712	100.00

se of expenditure: 002 Membership

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$250.00

xas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 6/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/9 01	Black Women's Political Caucus 3013 E. 13th Street Austin, TX 78702	50.00

Purpose of expenditure: Sponsor: 30th Anniversary Event 12/7

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
12/9 01	Austin Women's Political Caucus P.O. Box 12383 Austin, TX 78711	100.00

urpose of expenditure: Sponsor: Campaign Workshop 11/10

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/9 01	Austin Women's Political Caucus P.O. Box 12383 Austin, TX 78711	50.00

pose of expenditure: 2002 Dues

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
/12 01	Travis County Democratic Party P.O. Box 684263 Austin, TX 78768	1,000.00

ose of expenditure: ling Fee

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$1,200.00

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 7/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address: City: State: Zip Code	7 Amount ($)
2/12 01	Travis County Democratic Party P.O. Box 684263 Austin, TX 78768	400.00

urpose of expenditure: Filing Day Dinner Table for 8

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/12 01	NxNW Democrats c/o Frank Ortega Austin, TX	10.00

pose of expenditure: Dues

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
2/25 01	U.S. Postmaster Chimney Corners Station 3575 Far West Blvd Austin, TX 78731-9998	120.00

ose of expenditure: Rental- Campaign P.O. Box

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

Date	Payee name / Payee address: City: State: Zip Code	Amount ($)
/28 1	Alfied Stanley + Associates 1409 Hardouin Ave. Austin, TX 78703	960.75

se of expenditure: ervices due

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$1490.75

as Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 8/8

FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/30 01	Karen Sonleitner 1712 Pasadena Drive Austin, TX 78757	$19.00

Purpose of expenditure: pay outstanding out of pocket expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

Purpose of expenditure

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

$19.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1/3

FILER NAME: Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	Payee name / Payee address / Purpose of expenditure	Amount ($)	Reimbursement from political contributions intended
7/12 01	Payee name: Jimmy Johns Gourmet Payee address: 601 W. MLK Blvd. Austin, TX 78701 Purpose of expenditure: Lunch meeting w/ bond comm. reps.	$21.91	☑ Repaid 7/22/01
9/26 01	Payee name: Four Seasons Hotel Payee address: 98 San Jacinto Austin, TX 78701 Purpose of expenditure: Parking – RECA lunch: Speaker: Gus Garcia	4.00	☑ Repaid 12/9/01
10/19 01	Payee name: Community Action Network Payee address: 1111 W. 6th Street Suite B220 Austin, TX 78703 Purpose of expenditure: CAN Retreat 10/19 Lunch	20.00	☑ Repaid 12/9/01
10/24 01	Payee name: Las Manitas Ave. Cafe Payee address: 211 Congress Ave Austin, TX 78701 Purpose of expenditure: BCP Meeting w/ Dept. of Interior	64.06	☑ Repaid 12/9/01
10/24 01	Payee name: Omni Austin Center Payee address: 701 Brazos Austin, TX 78701 Purpose of expenditure: Parking: DAA Annual Meeting	5.00	☑ Repaid 12/9/01

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

114.97

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2/3

FILER NAME: Karen M. Sonleitner.

3 ACCOUNT # (Ethics Commission filers)

Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure	8 Amount ($)	Reimbursement from political contributions intended
11/1 01	Bitter End Bistro 311 Colorado Street Austin, TX 78701	BCP/Grandview Celebration	37.16	☑ Repaid 12/9/01
11/1 01	Valet Parking Service, Inc. 311 Colorado Street Austin, TX 78701	Surface parking lot – BCP at Bitter End	7.00	☑ Repaid 12/9/01
1/28 01	San Luis Resort 5222 Seawall Blvd. Galveston, TX 77551	Co. phone calls – Constables Leadership Institute	12.37	☑ Repaid 12/9/01
1/29 01	Gaido's 3800 Seawall Blvd. Galveston, TX 77550	Meal – Constables Leadership Inst.	4.50	☑ Repaid 12/9/01
1/5 01	Randall's 715 Exposition Blvd Austin, TX 78703	Food – West Austin Demos Xmas Party	17.56	☑ Repaid 12/9/01

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$ 78.59

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3/3

FILER NAME: Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

Date	Payee name / Payee address: City: State: Zip Code	Purpose of expenditure	Amount ($)	Reimbursement from political contributions intended
2/10 01	Four Seasons Hotel 98 San Jacinto Blvd. Austin, TX 78701	Parking fee - RECA Lunch - Awards Day	4.00	☑ Repaid 12/30/01
2/13 01	Ann Denkler 7006 Edgefield Drive Austin, TX 78731	Differential - AWPC dues	15.00	☑ Repaid 12/30/01
				☐
				☐
				☐

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$19.00