

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5045

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:
13

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received: **02 FEB 11 AM 11:48**

DAVA DEPARTMENT FOR
COUNTY CLERK
TRAVIS COUNTY TEXAS

RECEIVED

Receipt #

HD / PM: **S** Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: **1712 Pasadena Drive** APT / SUITE #: CITY: **Austin** STATE: **TX** ZIP CODE: **78757** OR: **PO. BOX 26524 Austin, TX 78755**

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE: FIRST: **Annette** MI: **S.**
NICKNAME: LAST: **Cootes** SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

7 CAMPAIGN TREASURER PHONE

AREA CODE: **(512)** PHONE NUMBER: **345-9555** EXTENSION:

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: **01/01/02** THROUGH Month Day Year: **01/31/02**

10 ELECTION

ELECTION DATE: Month Day Year: **03/12/02** ELECTION TYPE: Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any): **Commissioner - Pct. 2**

12 OFFICE SOUGHT (if known): **Commissioner - Pct. 2**

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: **None**

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

None

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

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

\$ 48.58

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

\$ 6,880.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES
(Schedules F+G totals)

\$ 893.94

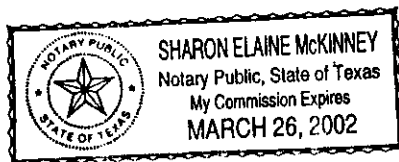
OUTSTANDING LOAN TOTALS

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 5th day of February 2002, 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **1/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/10**
02
5 Full name of contributor out of state PAC
Vinson + Elkins Texas PAC

7 Amount of contribution (\$) **1,000**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**2300 First City Tower
Houston, TX 77002-6760**

9 Principal occupation

10 Employer (optional)

Date **1/11**
02
Full name of contributor out of state PAC
Roberto T. Chapa, Sr. + Estela G. Chapa

Amount of contribution (\$) **50**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2516 Mountain View Drive
Austin, TX 78704**

Principal occupation

Employer (optional)

Date **1/25**
02
Full name of contributor out of state PAC
Pamela Ward

Amount of contribution (\$) **100**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4502 Spanish Oak Trail
Austin, TX 78731**

Principal occupation

Employer (optional)

Date **1/25**
02
Full name of contributor out of state PAC
Donna M. + Mike Howe

Amount of contribution (\$) **250**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**14979 Doria Drive
Austin, TX 78728**

Principal occupation

Employer (optional)

Date **1/26**
02
Full name of contributor out of state PAC
Robert G.W. Girling III + Bettie J. Girling

Amount of contribution (\$) **250**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2501 El Greco Cove
Austin, TX 78703**

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.

1,650

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/26**
5 Full name of contributor out of state PAC
Girling Political Action Comm.

7 Amount of contribution (\$) **250**
8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
**P.O. Box 4294
Austin, TX 78765**

9 Principal occupation

10 Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
Samuel R. Graham + Associates

Amount of contribution (\$) **250**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**800 Norwood Tower 114 W. 7th
Austin, TX 78701**

Principal occupation

Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
Don E. Cox

Amount of contribution (\$) **125**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**6506 Huckleberry Cove
Austin, TX 78746**

Principal occupation

Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
New Wells Point Partners, LTD

Amount of contribution (\$) **250**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**5300 Bee Caves Rd. Building 1
Austin, TX 78746 Suite 220**

Principal occupation

Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
Smith, Robertson, Elliott + Glen LLP

Amount of contribution (\$) **250**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**1717 W. 6th Street Suite 350
Austin, TX 78703**

Principal occupation

Employer (optional)

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

1,125

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **3/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/26**
5 Full name of contributor out of state PAC
Javier Lindel Garza

7 Amount of contribution (\$) **75**
8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
**7303 Loganberry Drive
Austin, TX 78745-6477**

9 Principal occupation
10 Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
Mary E. + Kelly P. Fero

Amount of contribution (\$) **100**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**2713 Pegram Ave.
Austin, TX 78757-2346**

Principal occupation
Employer (optional)

Date **1/26**
Full name of contributor out of state PAC
**Lloyd, Gosselink, Blevins, Rochelle,
Baldwin + Townsend**

Amount of contribution (\$) **250**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 1725
Austin, TX 78767**

Principal occupation
Employer (optional)

Date **1/27**
Full name of contributor out of state PAC
Donald N. + Carolyn Goldston

Amount of contribution (\$) **250**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**3521 Starline Drive
Austin, TX 78759-8941**

Principal occupation
Employer (optional)

Date **1/27**
Full name of contributor out of state PAC
Gary S. Daniel

Amount of contribution (\$) **100**
In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**4800 Leeward Court
Austin, TX 78731**

Principal occupation
Employer (optional)

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

775

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **4/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/27**
02

5 Full name of contributor out of state PAC
Mrs. Guy S. Daniel

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**2206 Knights Wood
San Antonio, TX 78231**

50

9 Principal occupation

10 Employer (optional)

Date **1/27**
02

Full name of contributor out of state PAC
Austin Ventures Account

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3345 Bee Caves Rd. #200
Austin, TX 78746**

1,000

Principal occupation

Employer (optional)

Date **1/27**
02

Full name of contributor out of state PAC
Frank H. Wagner, Jr. + Kathryn G. Wagner

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5600 Butte Blvd.
Austin, TX 78731-4526**

50

Principal occupation

Employer (optional)

Date **1/29**
02

Full name of contributor out of state PAC
Leslie W. + Sandra K. Pitman

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1405 Wildcat Hollow
Austin, TX 78746**

500

Principal occupation

Employer (optional)

Date **1/29**
02

Full name of contributor out of state PAC
Blake Magee Company, LP

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1011 N. Lamar
Austin, TX 78703**

1,000

Principal occupation

Employer (optional)

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

2,600

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A: 5/5
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2 FILER NAME Karen M. Sonleitner	3 ACCOUNT # (Ethics Commission filers)
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4 Date 1/30 02	5 Full name of contributor <input type="checkbox"/> out of state PAC Lawrence R. + Helen Jane Mack	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5824 Trailridge Drive Austin, TX 78731-4229			

9 Principal occupation	10 Employer (optional)
------------------------	------------------------

Date 1/30 02	Full name of contributor <input type="checkbox"/> out of state PAC Robert A. + Ave Maria Wahrmond	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5808 Valley Circle Austin, TX 78731			

Principal occupation	Employer (optional)
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Date 1/31 02	Full name of contributor <input type="checkbox"/> out of state PAC Committee for Innovative Govt.	Amount of contribution (\$) 125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 502 E. 11th St. Suite 300 Austin, TX 78701			

Principal occupation	Employer (optional)
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Date 1/31 02	Full name of contributor <input type="checkbox"/> out of state PAC Joyce Jane Weedman	Amount of contribution (\$) 125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5701 Driftwood Drive Austin, TX 78731			

Principal occupation	Employer (optional)
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Date 1/31 02	Full name of contributor <input type="checkbox"/> out of state PAC Herbert Evans Atty at Law	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 West Ave Austin, TX 78701-1716			

Principal occupation	Employer (optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **1/4**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/6 02	5 Payee name South Austin Democrats	7 Amount (\$) \$50.00
6 Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715-2592		

8 Purpose of expenditure Sponsor - 2/5/02 Event	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

Date 1/10 02	Payee name Randall's	Amount (\$) 25.00
Payee address; City; State; Zip Code Austin, TX % Cecelia Burke		

Purpose of expenditure Combined Charities Luncheon Sponsor	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date 1/10 02	Payee name Greater Pflugerville Chamber of Commerce	Amount (\$) 60.00
Payee address; City; State; Zip Code 101 S. Third St. P.O. Box 483 Pflugerville, TX 78691-0483		

Purpose of expenditure 2 TKTS. - 2/16/02 Event Chamber Awards	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

Date 1/11 02	Payee name Time Warner Cable	Amount (\$) 67.03
Payee address; City; State; Zip Code 12012 N. Mofac Austin, TX 78758		

Purpose of expenditure Install + 1st Month - Roadrunner Service	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

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20203

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2/4**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date
**1/13
02**

5 Payee name
Capital City Argus News

6 Payee address; City: State: Zip Code
**P.O. Box 140471
Austin, TX 78714**

7 Amount (\$)
100.00

8 Purpose of expenditure
Black History Month Sponsorship

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

Date
**1/19
02**

Payee name
Office Max #478
Payee address; City: State: Zip Code
**10001 Research Blvd. Suite 300
Austin, TX 78759**

Amount (\$)
89.79

Purpose of expenditure
Sign making supplies + surge protector

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

Date
**1/19
02**

Payee name
Home Depot
Payee address; City: State: Zip Code
**10107 Research Blvd.
Austin, TX 78759**

Amount (\$)
164.99

Purpose of expenditure
Staple guns, cords + yard stakes

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

Date
**1/23
02**

Payee name
Kinko's via Gretchen Vaden
Payee address; City: State: Zip Code
**2901 Medical Arts
Austin, TX 78705**

Amount (\$)
83.25

Purpose of expenditure
Copies

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

438.031

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/4

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission files)

4 Date

1/23

02

5 Payee name

Alfred Stanley + Associates

6 Payee address; City; State; Zip Code

1409 Hardouin Ave.
Austin, TX 78703

7

Amount
(\$)

75.00

8 Purpose of expenditure

Labels

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

Office sought / held

Date

1/24

02

Payee name

Travis Co. Clerk

Payee address; City; State; Zip Code

P.O. Box 1748
Austin, TX 78767Amount
(\$)

8.60

Purpose of expenditure

Copies

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

Office sought / held

Date

1/27

02

Payee name

Karen Sonleitner

Payee address; City; State; Zip Code

1712 Pasadena Drive
Austin, TX 78757Amount
(\$)

24.25

Purpose of expenditure

Reimburse outstanding
out of pocket (see Sched G)** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name

Office sought / held

Date

1/27

02

Payee name

Open Door

Payee address; City; State; Zip Code

3804 Cherrywood Road
Austin, TX 78722Amount
(\$)

100.00

Purpose of expenditure

Sponsor: 3/23 Event

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

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

207.85

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **4/4**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date 1/29 02	5 Payee name League of Women Voters	7 Amount (\$) 18.00
6 Payee address; City; State; Zip Code 1011 W. 31st Austin, TX 78705		

8 Purpose of expenditure State of City Dinner	9 ** 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
------------------------	--

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
------------------------	--

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
------------------------	--

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18.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1/2

2 FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>1/8</u> <u>02</u>	5 Payee name <u>Bank One Tower</u>	8 Amount (\$) <u>\$ 4.00</u>
	6 Payee address; City: State: Zip Code <u>221 W. 6th Street</u> <u>Austin, TX 78701</u>	
7 Purpose of expenditure <u>Parking - RMA Meeting</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended <u>Repaid 1/27/02</u>

Date <u>1/13</u> <u>02</u>	Payee name <u>HEB</u>	Amount (\$) <u>1.25</u>
	Payee address; City: State: Zip Code <u>5808 Burnet Road</u> <u>Austin, TX 78756</u>	
Purpose of expenditure <u>Fax</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended <u>Repaid 1/27/02</u>

Date <u>1/17</u> <u>02</u>	Payee name <u>Valet Parking Service</u>	Amount (\$) <u>10.00</u>
	Payee address; City: State: Zip Code <u>Flemming's 2nd/Red River</u> <u>Austin, TX 78701</u>	
Purpose of expenditure <u>Parking - dinner meeting</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended <u>Repaid 1/27/02</u>

Date <u>1/23</u> <u>02</u>	Payee name <u>Four Seasons Hotel</u>	Amount (\$) <u>4.00</u>
	Payee address; City: State: Zip Code <u>98 San Jacinto Blvd.</u> <u>Austin, TX 78701</u>	
Purpose of expenditure <u>Parking - lunch meeting</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended <u>Repaid 1/27/02</u>

Date <u>1/26</u> <u>02</u>	Payee name <u>Asian Food + Culture Festival</u>	Amount (\$) <u>5.00</u>
	Payee address; City: State: Zip Code <u>11713 Jollyville Rd.</u> <u>Austin, TX 78759</u>	
Purpose of expenditure <u>Coupon book</u>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended <u>Repaid 1/27/02</u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

24.25

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date
**1/26
02**

5 Payee name
7-11
6 Payee address; City; State; Zip Code
**7401 Burnet Road
Austin, TX 78757**

8 Amount (\$)
3.78
 Reimbursement from political contributions intended **Repaid 2/3/02**

7 Purpose of expenditure
Cokes for sign crew

Date Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

Date Payee name
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

3.78