

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

5056

**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:

4-5

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
ROGER QUANNAH
NICKNAME LAST SUFFIX
SETTLER

OFFICE USE ONLY

Date Received

FILED
FEB 11 PM 4:28
CLERK
COUNTY CLERK
JANIS COMPTON TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE
**6263 McNEIL DRIVE, #1731
AUSTIN, TEXAS 78729-7590**

Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
DR. PHILIP W.
NICKNAME LAST SUFFIX
TUCKER

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE
**701 PECOS AUSTIN, TEXAS 78703
UNIVERSITY OF TEXAS: INSTITUTE OF M. BIOLOGY**

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 475 7705

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
01/16/2002 THROUGH 02/11/2002

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
03/12/2002 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

NONE

12 OFFICE SOUGHT (if known)

COUNTY COMMISSIONER, Pr. 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

ROGER QUANNAH SUTTON Roger Quannah Settler

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

**6263 McNEIL DRIVE, #1731
AUSTIN, TEXAS 78729-7590 (512) 249-7151**

additional pages

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

ROGER QUANNAH SOTTLOR

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

GENERAL

SPECIFIC

COMMITTEE NAME

CITIZENS FOR SOTTLOR

COMMITTEE ADDRESS

6263 McNeil Drive #1731 Austin, TX. 78729-7590

COMMITTEE CAMPAIGN TREASURER NAME

Dr. Philip W. Tucker

COMMITTEE CAMPAIGN TREASURER ADDRESS

5701 Pecos Austin, Tx. 78703

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 \$ *50.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *7,050.00*

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ *2,159.18*

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.

Roger Quannah Sottlor
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____,

19 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

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**

2 FILER NAME **ROGER QUINNAN SOTTLER**

3 ACCOUNT # (Ethics Commission filers)

4 Date
**30 JAN.
2002**

5 Full name of contributor out of state PAC
BRUCE WILLIAM GENTRY

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

3,000.00

6 Contributor address; City; State; Zip Code
**6263 McNEIL DRIVE #1731
AUSTIN, TEXAS 78729-7590**

9 Principal occupation **STOCK TRADER**

10 Employer (optional) **EAGLE SPEAKER**

Date
**30 JAN.
2002**

Full name of contributor out of state PAC
JIMMIE PENNINGTON SOTTLER

Amount of contribution (\$)

In-kind contribution description (if applicable)

2,000.00

Contributor address; City; State; Zip Code
**2120 BROADWAY
LUBBOCK, TEXAS 79401-2913**

Principal occupation **ART NEEDLEWORK**

Employer (optional) **THE SOTTLER COMPANIES**

Date
**1 FEB.
2002**

Full name of contributor out of state PAC
MARTHA L. COLLINS

Amount of contribution (\$)

In-kind contribution description (if applicable)

50.00

Contributor address; City; State; Zip Code
**4006 26th
LUBBOCK, TX. 79410**

Principal occupation **RETIRED**

Employer (optional) **RETIRED**

Date
**11 FEB.
2002**

Full name of contributor out of state PAC
ROGER QUINNAN SOTTLER

Amount of contribution (\$)

In-kind contribution description (if applicable)

2,000.00

Contributor address; City; State; Zip Code
**6263 McNEIL DRIVE #1731
AUSTIN, TEXAS 78729-7590**

Principal occupation **PUBLISHER, STOCKS**

Employer (optional) **EAGLE SPEAKER**

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

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.

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇄ ⇄ ⇄ ⇄ ⇄ ⇄		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code			
10 Principal occupation		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address; City; State; Zip Code			
Principal occupation		Employer (optional)	

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

PAC

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Description of Collateral
 none

13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	14 Name of guarantor	16 Amount Guaranteed (\$)
15 Guarantor address; City; State; Zip Code		

17 Principal Occupation 18 Employer

Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Description of Collateral
 none

GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code		

Principal Occupation Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender 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
2 FILER NAME ROGER QUINNAN SUTTON		3 ACCOUNT # (Ethics Commission filers)
4 Date 15 JAN. 2002	5 Payee name POST NET [BRIAN F.] 6 Payee address; City; State; Zip Code 6001 WEST PARRISON LANE, SUITE 370 AUSTIN, TX. 78727	7 Amount (\$) 32.23
8 Purpose of expenditure XEROX COPIES		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. Sutton Office sought / held CC, Pr 2
Date 10 FEB. 2002	Payee name OFFICE DEPOT Payee address; City; State; Zip Code 13201 RANCH ROAD, 620 NORTH AUSTIN, TX. 78717	Amount (\$) 49.11
Purpose of expenditure OFFICE SUPPLIES		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. Sutton Office sought / held CC, Pr 2
Date 10 FEB. 2002	Payee name KINKO'S Payee address; City; State; Zip Code 13729 RESEARCH BLVD. AUSTIN, TEXAS 78750	Amount (\$) 55.00
Purpose of expenditure COPIES, COMPUTER TIME		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. Sutton Office sought / held CC, Pr 2
Date 11 FEB. 2002	Payee name AZTEC MARKING COMPANY Payee address; City; State; Zip Code 5100 W. COMMERCIAL PARK DR. AUSTIN, TX. 78724 (512) 926-7992	Amount (\$) 1022.85
Purpose of expenditure SIGNS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name R. Sutton Office sought / held CC, Pr 2

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

ROGER QUANNAM SOTTURA

3 ACCOUNT # (Ethics Commission filers)

4 Date

JAN.
2002

5 Payee name

TRAVIS COUNTY REPUBLICAN PARTY

6 Payee address;

City; State; Zip Code

7801 N. LAMAR BLVD., SUITE A-126
AUSTIN, TEXAS 78752

8 Amount (\$)

1,000.00

7 Purpose of expenditure

FILING FEES

(302) 1776[↑]

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

Reimbursement from political contributions intended

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Business name Business address; City; State; Zip Code	Amount (\$)
Purpose of payment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The C/OH Instruction Guide explains how to complete this form.
 ** Complete only if "Report Type" on C/OH page 1 is marked "Final Report" **

1 C/OH NAME

2 ACCOUNT # (Ethics Commission files)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below *only* if you are a candidate **

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

** Complete this section *only* if you are an officeholder **

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder