

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5169

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:

12

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

FILED
02 JUL 15 AM 10:44
CLERK
TRAVIS COUNTY TEXAS

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

Receipt #

MD / PM

Amount

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Annette S.
NICKNAME LAST SUFFIX
Cootes

Date Processed

Date Imaged

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
03/03/02 THROUGH 06/30/02

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
11/05/02

11 OFFICE

OFFICE HELD (if any)
Pct. 2 Commissioner

12 OFFICE SOUGHT (if known)

Pct. 2 Commissioner

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date
**3/4
02**

5 Full name of contributor out of state PAC
Austin Police PAC

7 Amount of contribution (\$) **200**

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**400 W. 14th Street Suite 230
Austin, TX 78701**

9 Principal occupation

10 Employer (optional)

Date
**3/4
02**

Full name of contributor out of state PAC
Chuck Croslin

Amount of contribution (\$) **500**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**6309 Northgrove Road
Austin, TX 78731**

Principal occupation

Employer (optional)

Date
**3/6
02**

Full name of contributor out of state PAC
William R. Britton

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

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**1404 Preston Ave.
Austin, TX 78703**

Principal occupation

Employer (optional)

Date
**3/11
02**

Full name of contributor out of state PAC
**Linebarger Gossan Blair Peña +
Sampson, LLP**

Amount of contribution (\$) **1000**

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**P.O. Box 17428
Austin, TX 78760**

Principal occupation

Employer (optional)

Date
**3/12
02**

Full name of contributor out of state PAC
Marlin D. + Helen Bownds, Trustees

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

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**4100 Jackson Apt. 231
Austin, TX 78731**

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: **2/3**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **3/15**
5 Full name of contributor out of state PAC **Charles W. Kreidler**

7 Amount of contribution (\$) **100** 8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
**8 N. Peak Road
Austin, TX 78746**

9 Principal occupation 10 Employer (optional)

Date **3/15** Full name of contributor out of state PAC **Angela A. Harris**

Amount of contribution (\$) **150** In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**1826 Seabreeze
Missouri City, TX 77459**

Principal occupation Employer (optional)

Date **3/23** Full name of contributor out of state PAC **Ben Barnes**

Amount of contribution (\$) **500** In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code **Suite 250**
**98 San Jacinto Blvd.
Austin, TX 78701**

Principal occupation Employer (optional)

Date **3/23** Full name of contributor out of state PAC **Curtist Donna Ripple**

Amount of contribution (\$) **500** In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**2302 Timberknob Court
Magnolia, TX 77355**

Principal occupation Employer (optional)

Date **3/23** Full name of contributor out of state PAC **Susan M. Matthews**

Amount of contribution (\$) **550** In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**451 CR 451
Hondo, TX 78861**

Principal occupation Employer (optional)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date
3/23
02

5 Full name of contributor out of state PAC
Randall + Jo Ann Grooms

6 Contributor address; City; State; Zip Code
**1880 Bent Tree Lane
Tyler, TX 75703**

7 Amount of contribution (\$) **550**

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date
3/23
02

Full name of contributor out of state PAC
Mr. + Mrs. Clifton E. Grunwald

Contributor address; City; State; Zip Code
**1418 Morgan
Corpus Christi, TX 78404**

Amount of contribution (\$) **150**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
3/23
02

Full name of contributor out of state PAC
Ann Bixby

Contributor address; City; State; Zip Code
**5885 Sugar Hill
Houston, TX 77057-2051**

Amount of contribution (\$) **150**

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
4/4
02

Full name of contributor out of state PAC
RECA Good Government PAC

Contributor address; City; State; Zip Code
**98 San Jacinto Blvd. Suite 180
Austin, TX 78701**

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

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

Full name of contributor out of state PAC

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
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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 3/4 02	5 Payee name Smart Mail	7 Amount (\$) 1874.29
6 Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723-5712		

8 Purpose of expenditure Postage + handling	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/5 02	Payee name Opinion Analysts	Amount (\$) 567.62
Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701		

Purpose of expenditure Labels	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/5 02	Payee name Smart Mail	Amount (\$) 2036.57
Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723-5712		

Purpose of expenditure Postage + handling	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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Date 3/6 02	Payee name Opinion Analysts	Amount (\$) 223.49
Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701		

Purpose of expenditure Labels	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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
3/6
02

5 Payee name
Time Warner Cable
.....
6 Payee address; City; State; Zip Code
P.O. Box 660097
Dallas, TX 75266-0097

7 Amount (\$)
44.95

8 Purpose of expenditure
Road Runner Service

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

Date
3/6
02

Payee name
AWPC - PAC
.....
Payee address; City; State; Zip Code
P.O. Box 12383
Austin, TX 78711

Amount (\$)
62.00

Purpose of expenditure
True-up, mailer costs

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

Date
3/7
02

Payee name
A+F Trophy
.....
Payee address; City; State; Zip Code
4619 S. Congress Ave.
Austin, TX 78745

Amount (\$)
90.25

Purpose of expenditure
T-Shirts

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

Date
3/11
02

Payee name
Smart Mail
.....
Payee address; City; State; Zip Code
2011 Anchor Lane
Austin, TX 78723-5712

Amount (\$)
285.01

Purpose of expenditure
True-up - postage

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

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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 filers)

4 Date
3/12
02

5 Payee name
HRC Dinner

6 Payee address; City; State; Zip Code
c/o John Boardman
700 W. 32nd Street
Austin, TX 78705-2222

7 Amount (\$)
150.00

8 Purpose of expenditure
Sponsor - 3/16/02 Event

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

Date
3/25
02

Payee name
Mike Quinn Marketing + Design

Payee address; City; State; Zip Code
179 Medway Street
Providence, RI 02906

Amount (\$)
2610.00

Purpose of expenditure
Design services + layouts

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

Date
3/25
02

Payee name
AT+T

Payee address; City; State; Zip Code
P.O. Box 78628
Phoenix, AZ 85062-8628

Amount (\$)
19.41

Purpose of expenditure
Long distance calls

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

Date
3/25
02

Payee name
Time Warner Cable

Payee address; City; State; Zip Code
P.O. Box 660097
Dallas, TX 75266-0097

Amount (\$)
44.95

Purpose of expenditure
Road Runner Service

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

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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
4/12
02

5 Payee name
Worley Printing
6 Payee address; City; State; Zip Code
3217 N. IH35
Austin, TX 78722

7 Amount (\$)
2,895.92

8 Purpose of expenditure
Printing bill-mailers

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

Date
4/17
02

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

Amount (\$)
12.00

Purpose of expenditure
Bank Fee

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

Date
6/13
02

Payee name
Cap. Area Democratic Women
Payee address; City; State; Zip Code
P.O. Box 12962
Austin, TX 78711

Amount (\$)
11.00

Purpose of expenditure
Luncheon

** 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

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:

1/3

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/22
02

5 Payee name

Four Seasons Hotel

6 Payee address; City; State; Zip Code

98 San Jacinto Blvd.
Austin, TX 787018 Amount
(\$)

4.00

7 Purpose of expenditure

Parking - ULI Luncheon

 Reimbursement
from political
contributions
intended

Date

4/10
02

Payee name

Downtown Austin Alliance

Payee address; City; State; Zip Code

211 E. 7th Street
Austin, TX 78701Amount
(\$)

85.00

Purpose of expenditure

IDA Conference (Spring)

 Reimbursement
from political
contributions
intended

Date

4/14
02

Payee name

A.T.+T

Payee address; City; State; Zip Code

P.O. Box 78628
Phoenix, AZ 85062-8628Amount
(\$)

142.07

Purpose of expenditure

Long distance

 Reimbursement
from political
contributions
intended

Date

4/17
02

Payee name

Four Seasons Hotel

Payee address; City; State; Zip Code

98 San Jacinto Blvd.
Austin, TX 78701Amount
(\$)

4.00

Purpose of expenditure

Parking - DAA Luncheon

 Reimbursement
from political
contributions
intended

Date

4/24
02

Payee name

Cinco de Mayo Committee

Payee address; City; State; Zip Code

90 Margaret Gomez P.O. Box 1767
Austin, TX 78767Amount
(\$)

25.00

Purpose of expenditure

Sponsorship

 Reimbursement
from political
contributions
intended

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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: **2/3**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date 4/24 02	5 Payee name Hyatt Regency	8 Amount (\$) 8.00
	6 Payee address: City: State: Zip Code 208 Barton Springs Austin, TX 78704	
7 Purpose of expenditure Parking - Firefighters Banquet		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/12 02	Payee name Austin Ice Bats	Amount (\$) 597.00
	Payee address: City: State: Zip Code 7311 Decker Lane Austin, TX 78724	
Purpose of expenditure Ice Bats Tkts - Auction items		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/12 02	Payee name Time Warner Cable	Amount (\$) 44.95
	Payee address: City: State: Zip Code P.O. Box 660097 Dallas, TX 75266-0097	
Purpose of expenditure Roadrunner service		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/27 02	Payee name Time Warner Cable	Amount (\$) 44.95
	Payee address: City: State: Zip Code P.O. Box 660097 Dallas, TX 75266-0097	
Purpose of expenditure Roadrunner service		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date 5/17 02	Payee name HEB	Amount (\$) 15.46
	Payee address: City: State: Zip Code 5808 Burnet Road Austin, TX 78756	
Purpose of expenditure Parade materials (Pflugerville)		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

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: **3/3**

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

**6/10
02**

5 Payee name

Sam Biscoe Special Projects

6 Payee address; City; State; Zip Code

**90 314 W. 11th
Austin, TX 78701**

8 Amount (\$)

25.00

7 Purpose of expenditure

Juneteenth Sponsorship

Reimbursement from political contributions intended

Date

**6/7
02**

Payee name

Austin Convention Cr. Parking

Payee address; City; State; Zip Code

**2ND/ Brazos
Austin, TX 78701**

Amount (\$)

7.00

Purpose of expenditure

Parking - reception

Reimbursement from political contributions intended

Date

**6/12
02**

Payee name

Four Seasons

Payee address; City; State; Zip Code

**98 San Jacinto Blvd.
Austin, TX 78701**

Amount (\$)

4.00

Purpose of expenditure

RECA lunch - parking

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount (\$)

Reimbursement from political contributions intended

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