

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5213

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Karen M.	OFFICE USE ONLY Date Received 02 OCT -7 PM 12:09 ELECTED COUNTY CLERK TRAVIS COUNTY TEXAS	
	NICKNAME LAST SUFFIX Sonleitner		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1712 Pasadena Drive Austin TX 78757 OR PO Box 26524 Austin, TX 78755	Receipt #	Amount
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Annette S.	HD / PM	Date Processed
	NICKNAME LAST SUFFIX Cootes	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	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/02 09/26/02		
10 ELECTION	ELECTION DATE Month Day Year 11/05/02	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 <input type="checkbox"/> additional pages	** 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		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	15 ACCOUNT # (Ethics Commission filers)
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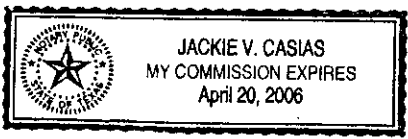
16 SUPPORTING POLITICAL COMMITTEE(S) <u>None</u> <input type="checkbox"/> additional pages	** This listing includes political expenditures by political committees to support the candidate /officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

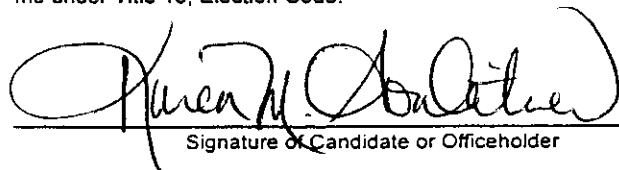
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
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18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <u>(Schedule A Total)</u>	\$ 10,027.03
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES <u>(Schedules F+G Totals)</u>	\$ 7,611.69
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.




 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen M. Sonleitner this 7 day of October 2006, to certify which, witness my hand and seal of office.

Jackie V. Casias Jackie V. Casias Admin Sec./Notary
 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:

1/5

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/15
02

5 Full name of contributor

Gary S. + Susan B. Farmer out of state PAC

6 Contributor address; City; State; Zip Code

309 Lake Cliff Trail
Austin, TX 78746

7 Amount of contribution (\$)

1,000

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date

8/28
02

Full name of contributor

James H. Hogue out of state PAC

Contributor address; City; State; Zip Code

17421 SE 46TH PL.
Bellevue, WA 98006

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

Mr. + Mrs. Royce Faulkner out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 722
Austin, TX 78767

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

James + Judy C. Bradley out of state PAC

Contributor address; City; State; Zip Code

P.O. Box 1301
Austin, TX 78767-1301

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

Shirley Shaw out of state PAC

Contributor address; City; State; Zip Code

7000 Bullick Bluff #5
Austin, TX 78732

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

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:

2/5

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/28
02

5 Full name of contributor

Jerry Harris

 out of state PAC

7 Amount of contribution (\$)

927.03

8 In-kind contribution description(if applicable)

Event catering bill

6 Contributor address; City; State; Zip Code

Suite 1400 111 Congress Ave.
Austin, TX 78701

9 Principal occupation

10 Employer (optional)

Date

8/28
02

Full name of contributor

BMC PAC

 out of state PAC

Amount of contribution (\$)

1,500

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

Suite 1400 111 Congress Ave
Austin, TX 78701

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

Ray A. Wilkerson

 out of state PAC

Amount of contribution (\$)

500

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

8015 Shoal Creek Blvd #100
Austin, TX 78757

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

Southwest Housing Devp.

 out of state PAC

Amount of contribution (\$)

1,000

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

5910 N. Central Expressway
Suite 145 Dallas TX 75206

Principal occupation

Employer (optional)

Date

8/28
02

Full name of contributor

Ben F. Vaughan, III

 out of state PAC

Amount of contribution (\$)

100

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code

P.O. Box 2233
Austin, TX 78768-2233

Principal occupation

Employer (optional)

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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: **3/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission files)

4 Date
8/28
02

5 Full name of contributor out of state PAC
Chuck Croslin

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

7 Amount of contribution (\$)
500

8 In-kind contribution description (if applicable)

9 Principal occupation

10 Employer (optional)

Date
8/28
02

Full name of contributor out of state PAC
James M. Nias

Contributor address; City; State; Zip Code
**1116 Reagan Terrace
Austin, TX 78704**

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
8/28
02

Full name of contributor out of state PAC
Terry N. + Ellen L. Campbell

Contributor address; City; State; Zip Code
**1200 112TH AVE. NE STE. C143
Bellevue, WA 98004**

Amount of contribution (\$)
250

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
8/29
02

Full name of contributor out of state PAC
Lowell H. Lebermann, Jr.

Contributor address; City; State; Zip Code
**3834 Promontory Point Dr.
Austin, TX 78744**

Amount of contribution (\$)
500

In-kind contribution description (if applicable)

Principal occupation

Employer (optional)

Date
9/3
02

Full name of contributor out of state PAC
William E. + Milissa K. Rogers

Contributor address; City; State; Zip Code
**5601 Van Winkle Lane
Austin, TX 78739**

Amount of contribution (\$)
100

In-kind contribution description (if applicable)

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: **4/5**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9/9**
5 Full name of contributor out of state PAC **Keith E. + Jeanna B. Young**

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

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
**7315 Scenic Bark Drive
Austin, TX 78736-1738**

9 Principal occupation

10 Employer (optional)

Date **9/10**
Full name of contributor out of state PAC **David A. Hamilton**

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

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**19227 Kelly Pines Court
Humble, TX 77346**

Principal occupation

Employer (optional)

Date **9/11**
Full name of contributor out of state PAC **E. Scott Polikov**

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

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**3903 Duval Street
Austin, TX 78751-5107**

Principal occupation

Employer (optional)

Date **9/12**
Full name of contributor out of state PAC **Barron, Adler + Anderson LLP**

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

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**808 Nueces Street
Austin, TX 78701**

Principal occupation

Employer (optional)

Date **9/16**
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)

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: **5/5**

2 FILER NAME **Karen M. Sanleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date **9/22**
5 Full name of contributor out of state PAC **Santiago S. Coronado**

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

8 In-kind contribution description(if applicable)

6 Contributor address; City; State; Zip Code
**5602 Palisade Court
Austin, TX 78731**

9 Principal occupation

10 Employer (optional)

Date **9/22**
Full name of contributor out of state PAC **Frank W. Sheppard, III**

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

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**4733 Palisade Drive
Austin, TX 78731**

Principal occupation

Employer (optional)

Date **9/22**
Full name of contributor out of state PAC **Frank H. Wagner, Jr + Kathryn G. Wagner**

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

In-kind contribution description(if applicable)

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

Principal occupation

Employer (optional)

Date **9/22**
Full name of contributor out of state PAC **Mr. + Mrs. Sidney S. Smith**

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

In-kind contribution description(if applicable)

Contributor address; City; State; Zip Code
**5818 Westlope Drive
Austin, TX 78731**

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
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: 1/5
2 FILER NAME Karen M. Sonleitner		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/11 02	5 Payee name People Against Violent Crime 6 Payee address: City: State: Zip Code P.O. Box 92621 Austin, TX 78709	7 Amount (\$) 20.00
8 Purpose of expenditure 7/13/02 Luncheon Meeting		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/11 02	Payee name Capital Area Demo. Women Payee address: City: State: Zip Code P.O. Box 12962 Austin, TX 78711	Amount (\$) 11.00
Purpose of expenditure 7/11 Luncheon Meeting		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/15 02	Payee name Worley Printing Payee address: City: State: Zip Code 3217 N. 1435 Austin, TX 78722	Amount (\$) 1,000.00
Purpose of expenditure Printing		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 7/29 02	Payee name Austin AFL-CIO Council Payee address: City: State: Zip Code P.O. Box 684644 Austin, TX 78768-4644	Amount (\$) 65.00
Purpose of expenditure Labor Day Ad		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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: 2/5
2 FILER NAME Karen M. Sonleitner		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/31 02	5 Payee name Mike Quinn Marketing + Design 6 Payee address; City; State; Zip Code 179 Medway Street Providence, RI 02906	7 Amount (\$) 50.00
8 Purpose of expenditure Design Services - Ad		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 8/19 02	Payee name Bank One Payee address; City; State; Zip Code 7600 Burnet Road Austin, TX 78757	Amount (\$) 48.00
Purpose of expenditure 5/12 → Aug. 19 Bank Service Fees		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/1 02	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
Date 9/9 02	Payee name Travis County Demo. Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	Amount (\$) 5,000.00
Purpose of expenditure Nov. 2002 Team Travis Contribution		-- 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: 3/5
2 FILER NAME Karen M. Sanleitner		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/9 02	5 Payee name Travis County Demo. Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768	7 Amount (\$) 150.00
8 Purpose of expenditure Computer software		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/16 02	Payee name Women's Advocacy Project Payee address; City; State; Zip Code P.O. Box 833 Austin, TX 78767-0833	Amount (\$) 100.00
Purpose of expenditure Sponsor: 9/26/02 Event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/16 02	Payee name University Democrats Payee address; City; State; Zip Code SOC #145 100-C W. Dean Keeton St. Austin, TX 78712	Amount (\$) 100.00
Purpose of expenditure Annual sponsorship		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date 9/16 02	Payee name South Austin Democrats Payee address; City; State; Zip Code P.O. Box 152592 Austin, TX 78715-2592	Amount (\$) 50.00
Purpose of expenditure Sponsor: 9/24/02 Event		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held

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: 4/5
2 FILER NAME Karen M. Sonleitner		3 ACCOUNT # (Ethics Commission filers)
4 Date 9/16 02	5 Payee name Ritz Cameras 6 Payee address; City; State; Zip Code North Cross Mall Austin, TX 78757	7 Amount (\$) 29.84
8 Purpose of expenditure Photos developed		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/22 02	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 9/23 02	Payee name Karen Sonleitner Payee address; City; State; Zip Code 1712 Pasadena Drive Austin, TX 78757	Amount (\$) 172.85
Purpose of expenditure Repay outstanding out of pocket expenses 7-1/9-22		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 9/24 02	Payee name Kinko's Payee address; City; State; Zip Code 9222 Burnet Suite 101 Austin, TX 78758	Amount (\$) 20.03
Purpose of expenditure Print copies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

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: 5/5

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/24
02

5 Payee name

U.S. Postmaster

6 Payee address; City; State; Zip Code

Northcross Station
Austin, TX 7875-17157 Amount
(\$)

222.00

8 Purpose of expenditure

Stamps

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

9/25
02

Payee name

Federal Express

Payee address; City; State; Zip Code

N. Austin Dropoff
Austin, TXAmount
(\$)

15.12

Purpose of expenditure

Fed Ex Photos

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought / held

Date

9/25
02

Payee name

Jon Pattillo

Payee address; City; State; Zip Code

% 1700 Jackson Hole Cv.
Austin, TX 78746Amount
(\$)

325.00

Purpose of expenditure

Photos

** 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

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 7/10 02	5 Payee name Four Seasons Hotel 6 Payee address: City: State: Zip Code 98 San Jacinto Blvd. Austin, TX 78701 7 Purpose of expenditure RECA Luncheon	8 Amount (\$) 11.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02
Date 7/12 02	Payee name Central Parking System Payee address: City: State: Zip Code 4th / Colorado Austin, TX 78701 Purpose of expenditure Parking - meeting w/ constituents	Amount (\$) 7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02
Date 7/14 02	Payee name Time Warner Cable Payee address: City: State: Zip Code P.O. Box 660097 Dallas, TX 75266-0097 Purpose of expenditure Roadrunner service	Amount (\$) 44.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02
Date 8/5 02	Payee name Four Seasons Hotel Payee address: City: State: Zip Code 98 San Jacinto Blvd. Austin, TX 78701 Purpose of expenditure Parking - meeting w/ constituent	Amount (\$) 3.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02
Date 8/12 02	Payee name Time Warner Cable Payee address: City: State: Zip Code P.O. Box 660097 Dallas, TX 75266-0097 Purpose of expenditure Roadrunner service	Amount (\$) 44.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02

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: **2/2**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date 8/20 02	5 Payee name U.T. Parking	8 Amount (\$) 4.00
	6 Payee address; City; State; Zip Code P.O. Box 7546 Austin, TX 78713	
7 Purpose of expenditure Parking - Forum speaker		<input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02

Date 8/21 02	Payee name Dell Diamond	Amount (\$) 3.00
	Payee address; City; State; Zip Code Hwy. 79 Round Rock, TX	
Purpose of expenditure Parking - Conf. of Urban Cos. Event		<input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02

Date 8/28 02	Payee name Central Parking System	Amount (\$) 7.00
	Payee address; City; State; Zip Code 4th + Colorado Austin, TX 78701	
Purpose of expenditure Parking - Fundraiser Event		<input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02

Date 9/1 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 Repaid 9/23/02

Date 9/13 02	Payee name Four Seasons	Amount (\$) 3.00
	Payee address; City; State; Zip Code 98 San Jacinto Blvd. Austin, TX 78701	
Purpose of expenditure Parking - Meeting		<input checked="" type="checkbox"/> Reimbursement from political contributions intended Repaid 9/23/02

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED