

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5322

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: MS. NICKNAME: Karen LAST: Sonleitner FIRST: M. MI: SUFFIX:

OFFICE USE ONLY

Date Received: [Stamp] Date Hand delivered or Date Postmarked: [Stamp] Receipt #: Amount: Date Processed: Date Imaged:

4 CANDIDATE / OFFICEHOLDER ADDRESS

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

5 CAMPAIGN TREASURER NAME

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

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  
10 / 27 / 02 THROUGH 12 / 31 / 02

10 ELECTION

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

11 OFFICE

OFFICE HELD (if any)  
Pct. 2 Commissioner

12 OFFICE SOUGHT (if known)  
Pct. 2 Commissioner

13 NOTICE OF 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

# 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 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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. ..

None

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$ 0.00

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

(Schedule A total)

\$ 3,545.00

EXPENDITURE TOTALS

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

\$ 75.00

4. TOTAL POLITICAL EXPENDITURES

(Schedules F+G totals)

\$ 10,588.66

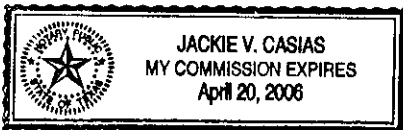
OUTSTANDING LOAN TOTALS

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.



*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 *15* day of *January*, 20*03*, to certify which, witness my hand and seal of office.

*Jackie V. Casias*  
Signature of officer administering oath

*Jackie V. Casias*  
Printed name of officer administering oath

*Administrative Assistant*  
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:  $\frac{1}{4}$

2 FILER NAME

Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission files)

4 Date

10/28  
02

5 Full name of contributor

Luci B. Johnson

out of state PAC

7 Amount of contribution (\$)

125

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

114 W. 7th Street Suite 300  
Austin, TX 78701

9 Principal occupation

10 Employer (optional)

Date

10/28  
02

Full name of contributor **PAPERWORK ATTACHED**

Professionals PAC HDR, ETAL.

out of state PAC

Amount of contribution (\$)

500

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

8404 Indian Hills Drive  
Omaha, NE 68114

Principal occupation

Employer (optional)

Date

10/29  
02

Full name of contributor

Charles F. Rice, Jr.

out of state PAC

Amount of contribution (\$)

250

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

P.O. Box 141488  
Austin, TX 78714

Principal occupation

Employer (optional)

Date

10/29  
02

Full name of contributor

Bennet J. Lukens + Claire McAdams

out of state PAC

Amount of contribution (\$)

20

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

4609 Edgemont Drive  
Austin, TX 78731-5225

Principal occupation

Employer (optional)

Date

10/30  
02

Full name of contributor

Celia M. Israel DBA Mission Resources

out of state PAC

Amount of contribution (\$)

100

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

914 Congress Ave.  
Austin, TX 78701

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.

**Karen**  
**Sonleitner**

County Commissioner ★ Precinct 2

A : IA

Professionals Political Action Committee (P-PAC) is a federally chartered political action committee established in 1978.

Address:

8404 Indian Hills Drive  
Omaha, Nebraska 68114

Treasurer:

Wendy L. Lacey  
8404 Indian Hills Drive  
Omaha, Nebraska 68114

Phone:

(402) 399-1000

The treasurer was appointed by the P-PAC sponsoring organization, HDR, Inc.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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

2 FILER NAME

**Karen M. Sanleitner**

3 ACCOUNT # (Ethics Commission files)

4 Date

**10/30**  
**02**

5 Full name of contributor

**Karen L. Langley**

out of state PAC

7 Amount of contribution (\$)

**50**

8 In-kind contribution description (if applicable)

6 Contributor address: City: State: Zip Code

**4200 Bradwood Rd.**  
**Austin, TX 78722**

9 Principal occupation

10 Employer (optional)

Date

**10/31**  
**02**

Full name of contributor

**James R. + Shirley M. Dannenbaum**

out of state PAC

Amount of contribution (\$)

**1,000**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**3100 W. Alabama**  
**Houston, TX 77098**

Principal occupation

Employer (optional)

Date

**10/31**  
**02**

Full name of contributor

**R. Mendoza + Company, P.C.**

out of state PAC

Amount of contribution (\$)

**150**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**2211 S. IH35 Suite 410**  
**Austin, TX 78741**

Principal occupation

Employer (optional)

Date

**11/1**  
**02**

Full name of contributor

**Elton R. + Kerza A. Prewitt**

out of state PAC

Amount of contribution (\$)

**100**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**9315 Old Lampus Trail**  
**Austin, TX 78750-4207**

Principal occupation

Employer (optional)

Date

**11/1**  
**02**

Full name of contributor

**Maurice William Hamann**

out of state PAC

Amount of contribution (\$)

**50**

In-kind contribution description (if applicable)

Contributor address: City: State: Zip Code

**7703 Jesse Bohls Rd.**  
**Pflugerville, TX 78660**

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.

350

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **3/4**

2 FILER NAME **Karen M. Sonleitner**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**11/1  
02**

5 Full name of contributor  out-of-state PAC (ID#:  
**Sandra M. Hentges**  
6 Contributor address; City; State; Zip Code  
**2209 Lawnmont Ave. #202  
Austin, TX 78756**

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

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date  
**11/1  
02**

Full name of contributor  out-of-state PAC (ID#:  
**Virginia A. Bloom**  
Contributor address; City; State; Zip Code  
**5000 Mission Oaks Blvd #32  
Austin, TX 78735-9585**

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

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**11/4  
02**

Full name of contributor  out-of-state PAC (ID#:  
**Richard Kammerman, P.C.**  
Contributor address; City; State; Zip Code  
**7200 N. MOPAC Suite 150  
Austin, TX 78731**

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

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**12/2  
02**

Full name of contributor  out-of-state PAC (ID#:  
**Anna + John Franklin**  
Contributor address; City; State; Zip Code  
**1702 Antler Drive  
Austin, TX 78741**

Amount of contribution (\$) **75**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date  
**12/2  
02**

Full name of contributor  out-of-state PAC (ID#:  
**Mr. + Mrs. Clark Hubbs**  
Contributor address; City; State; Zip Code  
**5719 Marilyn Drive  
Austin, TX 78757-4420**

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

In-kind contribution description (if applicable)

Principal occupation (Optional)

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.

**575.00**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: <b>4/4</b>	
2 FILER NAME <b>Karen M. Sonleitner</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>12/7 02</b>	5 Full name of contributor <input type="checkbox"/> out of state PAC <b>John C. Rosato</b>	7 Amount of contribution (\$) <b>200</b>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <b>P.O. Box 50164 Austin, TX 78763</b>			
9 Principal occupation		10 Employer (optional)	
Date <b>12/7 02</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>William G. + Laura Creagh</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>3100 Honeytree Lane Austin, TX 78746</b>			
Principal occupation		Employer (optional)	
Date <b>12/7 02</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Daniel L. Roth</b>	Amount of contribution (\$) <b>200</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>1503 Wildcat Hollow Austin, TX 78746</b>			
Principal occupation		Employer (optional)	
Date <b>12/9 02</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>John Carl Daywood</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>600 Sabine St. Suite 200 Austin, TX 78701-3315</b>			
Principal occupation		Employer (optional)	
Date <b>12/9 02</b>	Full name of contributor <input type="checkbox"/> out of state PAC <b>Deane + Thomas Armstrong</b>	Amount of contribution (\$) <b>25</b>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <b>17917 Lafayette Park Road Jonestown, TX 78645</b>			
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.

15.0

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1/4</b>
2 FILER NAME <b>Karen M Sonleitner</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>10/27</b> <b>02</b>	5 Payee name <b>Worley Printing</b> 6 Payee address; City; State; Zip Code <b>3217 N. IH35</b> <b>Austin, TX 78722</b>	7 Amount (\$) <b>1,429.99</b>
8 Purpose of expenditure <b>Printing</b>		9 <small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date <b>10/27</b> <b>02</b>	Payee name <b>Karen Sonleitner</b> Payee address; City; State; Zip Code <b>1712 Pasadena Drive</b> <b>Austin, TX 78757</b>	Amount (\$) <b>1,006.43</b>
Purpose of expenditure <b>Repaid outstanding out of pocket from July 15, 2002 report filing</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date <b>10/27</b> <b>02</b>	Payee name <b>Time Warner Cable</b> Payee address; City; State; Zip Code <b>P.O. Box 660097</b> <b>Dallas, TX 75266-0097</b>	Amount (\$) <b>44.95</b>
Purpose of expenditure <b>Road Runner Service</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right">Office sought / held</span>
Date <b>10/27</b> <b>02</b>	Payee name <b>Worley Printing</b> Payee address; City; State; Zip Code <b>3217 N. IH35</b> <b>Austin, TX 78722</b>	Amount (\$) <b>3,093.79</b>
Purpose of expenditure <b>Printing</b>		<small>.. Complete if direct expenditure to benefit C/OH ..</small> Candidate / Officeholder name <span style="float:right">Office sought / held</span>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

751



## 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. Sanleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27  
02

5 Payee name

Smart Mail

6 Payee address: City: State: Zip Code

2011 Anchor Lane  
Austin, TX 78723-5712

7 Amount (\$)

159.39

8 Purpose of expenditure

True Up - Postage +  
handling9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10/30  
02

Payee name

Heritage Society

Payee address: City: State: Zip Code

P.O. Box 2113  
Austin, TX 78768

Amount (\$)

60.00

Purpose of expenditure

Ticket: 11/13/02 Event  
Honoring Charlie Betts-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

10/31  
02

Payee name

Mike Quinn Marketing + Design

Payee address: City: State: Zip Code

179 Medway Street  
Providence, RI 02906

Amount (\$)

2,310.00

Purpose of expenditure

Design work - mailers +  
ads-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

11/1  
02

Payee name

LGRL of Texas

Payee address: City: State: Zip Code

P.O. Box 2340  
Austin, TX 78768

Amount (\$)

150.00

Purpose of expenditure

Annual Membership

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

Office sought / held

679.39

# 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  
**11/2**  
**02**

5 Payee name  
**SystemWise Solutions**  
6 Payee address; City, State, Zip Code  
**1601 Alta Vista Ave.**  
**Austin, TX 78704**

7 Amount (\$)  
**603.53**

8 Purpose of expenditure  
**Labels**

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

Date  
**11/18**  
**02**

Payee name  
**Gretchen Vaden**  
Payee address; City, State, Zip Code  
**6501 Shoal Creek Blvd.**  
**Austin, TX 78757**

Amount (\$)  
**550.00**

Purpose of expenditure  
**Contracted services**

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

Date  
**11/18**  
**02**

Payee name  
**Ann Denkler**  
Payee address; City, State, Zip Code  
**7006 Edgefield Drive**  
**Austin, TX 78731**

Amount (\$)  
**550.00**

Purpose of expenditure  
**Contracted services**

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

Date  
**12/2**  
**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

174849

# 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 files)

4 Date  
**12/2  
02**

5 Payee name  
**Texas Freedom Network**

7 Amount (\$)  
**125.00**

6 Payee address: City: State: Zip Code  
**P.O. Box 1624  
Austin, TX 78767-9926**

8 Purpose of expenditure  
**Sponsorship 12/5/02  
Ticket Event**

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

Date  
**12/4  
02**

Payee name  
**Sweetish Hill**  
Payee address: City: State: Zip Code  
**1120 W 6th Street  
Austin, TX 78703**

Amount (\$)  
**21.65**

Purpose of expenditure  
**West Austin Democrats  
Xmas Party Food**

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

Date  
**12/22  
02**

Payee name  
**U.S. Postmaster**  
Payee address: City: State: Zip Code  
**Chimney Corners  
Austin, TX 78731-9998**

Amount (\$)  
**136.00**

Purpose of expenditure  
**Rental - 1 year -  
Campaign P.O. Box**

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

Date  
**12/31  
02**

Payee name  
**Karen Sonleitner**  
Payee address: City: State: Zip Code  
**1712 Pasadena Drive  
Austin, TX 78757**

Amount (\$)  
**151.49**

Purpose of expenditure  
**Repay current outstanding  
out of pocket expenses (Sch. G)**

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

134.14

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1/1

2 FILER NAME Karen M. Sonleitner

3 ACCOUNT # (Ethics Commission filers)

4 Date <u>10/31</u> <u>02</u>	5 Payee name <u>China on the Avenue</u>	8 Amount (\$) <u>19.72</u> <u>Repaid 12/31/02</u>
	6 Payee address; City: State: Zip Code <u>908 Congress Ave.</u> <u>Austin, TX 78701</u>	
	7 Purpose of expenditure <u>Lunch meeting</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11/1</u> <u>02</u>	Payee name <u>Mezzaluna</u>	Amount (\$) <u>43.42</u> <u>Repaid 12/31/02</u>
	Payee address; City: State: Zip Code <u>310 Colorado</u> <u>Austin, TX 78701</u>	
	Purpose of expenditure <u>Campaign meeting</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>11/6</u> <u>02</u>	Payee name <u>Magnolia Cafe</u>	Amount (\$) <u>36.12</u> <u>Repaid 12/31/02</u>
	Payee address; City: State: Zip Code <u>2304 Lake Austin Blvd.</u> <u>Austin, TX 78703</u>	
	Purpose of expenditure <u>Election night post mortum</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <u>12/9</u> <u>02</u>	Payee name <u>Katz's Deli</u>	Amount (\$) <u>52.23</u> <u>Repaid 12/31/02</u>
	Payee address; City: State: Zip Code <u>618 W. 6th Street</u> <u>Austin, TX 78701</u>	
	Purpose of expenditure <u>Post CAMPO meeting</u>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City: State: Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED