

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5442

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:

10

3 CANDIDATE / OFFICEHOLDER NAME

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

OFFICE USE ONLY

Date Received

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

FILED FOR RECORD  
2003 JUL 15 PM 2:28  
TRAVIS COUNTY CLERK  
TRAVIS COUNTY TEXAS

Date Hand delivered by Date Postmarked

5 CAMPAIGN TREASURER NAME

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

Receipt #

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  6th day before election  Exceeded \$500 limit  Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year  
01 / 01 / 03 THROUGH 06 / 30 / 03

10 ELECTION

NONE THIS YEAR

ELECTION DATE: Month Day Year ELECTION TYPE:  
 Primary  Runoff  General  Special

11 OFFICE

OFFICE HELD (if any)  
Commissioner - Rt 2

12 OFFICE SOUGHT (if known)

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: N/A  
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 \*\*

COMMITTEE TYPE

COMMITTEE NAME

N/A

GENERAL

COMMITTEE ADDRESS

SPECIFIC

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

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

(Schedule A total)

\$ 2,500.00

EXPENDITURE TOTALS

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

\$ 0

4. TOTAL POLITICAL EXPENDITURES

(Schedules F + G totals)

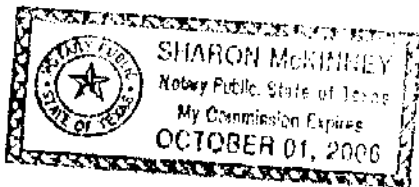
\$ 2728.08

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 15th day of July, 2003, to certify which, witness my hand and seal of office.

*Sharon McKinney*  
Signature of officer administering oath

SHARON MCKINNEY  
Printed name of officer administering oath

Secretary  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

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

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages this Schedule A1: 1/1

2 **FILER NAME** Karen M. Sonleitner 3 **ACCOUNT #** (Ethics Commission filers)

4 <b>Date</b> <u>5/4 03</u>	5 <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#) <u>John K. Scott</u>	7 <b>Amount of contribution (\$)</b> <u>2,500</u>	8 <b>In-kind contribution description (if applicable)</b>
6 <b>Contributor address:</b> City: State: Zip Code <u>3300 E. 1st Ave Suite 510 Denver, CO 80206</u>			

9 **Principal occupation (Optional)** 10 **Employer (Optional)**

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address:</b> City: State: Zip Code			

**Principal occupation (Optional)** **Employer (Optional)**

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address:</b> City: State: Zip Code			

**Principal occupation (Optional)** **Employer (Optional)**

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address:</b> City: State: Zip Code			

**Principal occupation (Optional)** **Employer (Optional)**

<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#)	<b>Amount of contribution (\$)</b>	<b>In-kind contribution description (if applicable)</b>
<b>Contributor address:</b> City: State: Zip Code			

**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.

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 files)

4 Date

1/8  
03

5 Payee name

Gretchen Vaden

6 Payee address: City: State: Zip Code

6501 Shoal Creek Blvd.  
Austin, TX 78757

7 Amount (\$)

450.00

8 Purpose of expenditure

Contracted services

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

Office sought / held

Date

1/8  
03

Payee name

Ann Denkler

Payee address: City: State: Zip Code

7006 Edgefield Drive  
Austin, TX 78731

Amount (\$)

450.00

Purpose of expenditure

Contracted services

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

Office sought / held

Date

1/8  
03

Payee name

Greater Pflugerville Chamb. of Commerce

Payee address: City: State: Zip Code

P.O. Box 483  
Pflugerville, TX 78691-0483

Amount (\$)

100.00

Purpose of expenditure

Annual Dues

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

Office sought / held

Date

1/8  
03

Payee name

Capital City Argus

Payee address: City: State: Zip Code

P.O. Box 140471  
Austin, TX 78714

Amount (\$)

100.00

Purpose of expenditure

MLK Ad Sponsor

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

Office sought / held

100

# 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 files)

4 Date

5 Payee name

7 Amount (\$)

1/8  
03

Time Warner Cable

6 Payee address; City, State, Zip Code

P.O. BOX 660097  
Dallas, TX 75266-0097

44.95

8 Purpose of expenditure

Roadrunner service

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

Office sought / held

Date

Payee name

Amount (\$)

1/14  
03

NXNW Democrats

Payee address; City, State, Zip Code

% Joe Comstock  
Austin, TX

10.00

Purpose of expenditure

Annual dues

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

Office sought / held

Date

Payee name

Amount (\$)

1/27  
03

League of Women Voters

Payee address; City, State, Zip Code

1011 W. 31st Street  
Austin, TX 78705

25.00

Purpose of expenditure

State of City Dinner

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

Office sought / held

Date

Payee name

Amount (\$)

2/9  
03

Time Warner Cable

Payee address; City, State, Zip Code

P.O. Box 660097  
Dallas, TX 75266-0097

44.95

Purpose of expenditure

Roadrunner service

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

Office sought / held

1279

## 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. Sonleitner

3 ACCOUNT # (Ethics Commission files)

4 Date

2/20

03

5 Payee name

Austin Ice Bats

6 Payee address: City: State: Zip Code

7311 Becker Lane  
Austin, TX 78724

7

Amount  
(\$)

640.00

8 Purpose of expenditure

Tickets - Auction items

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

Office sought / held

Date

3/10

03

Payee name

Greater Pflugerville Chamb. of Commerce

Payee address: City: State: Zip Code

P.O. Box 483  
Pflugerville, TX 78691-0483Amount  
(\$)

60.00

Purpose of expenditure

3/22 Chamber dinner tkts.

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

Office sought / held

Date

3/14

03

Payee name

League of Women Voters

Payee address: City: State: Zip Code

1011 W. 31st Street  
Austin, TX 78705Amount  
(\$)

100.00

Purpose of expenditure

Annual Phone-thon sponsor

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

Office sought / held

Date

3/19

03

Payee name

Downtown Austin Alliance

Payee address: City: State: Zip Code

211 E. 7th Street Suite 100-L  
Austin, TX 78701Amount  
(\$)

80.00

Purpose of expenditure

IDA Conference

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

Office sought / held

0950.00

## 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 files)

4 Date

3/23

03

5 Payee name

Kevin Connally

6 Payee address: City: State: Zip Code

P.O. Box 1748 (TNR-Parks)  
Austin, TX 78767

7

Amount  
(\$)

132.17

8 Purpose of expenditure

Printing - BOP report  
for D.C. trip9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

3/23

03

Payee name

Time Warner Cable

Payee address: City: State: Zip Code

P.O. Box 660097  
Dallas, TX 75266-0097Amount  
(\$)

44.95

Purpose of expenditure

Roadrunner service

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

Office sought / held

Date

5/4

03

Payee name

Time Warner Cable

Payee address: City: State: Zip Code

P.O. Box 660097  
Dallas, TX 75266-0097Amount  
(\$)

44.95

Purpose of expenditure

Roadrunner service

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

Office sought / held

Date

5/27

03

Payee name

Travis Co. Demo Party

Payee address: City: State: Zip Code

P.O. Box 684263  
Austin, TX 78768-4263Amount  
(\$)

250.00

Purpose of expenditure

Watson Roast Sponsor  
5/27/03-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

4720

# 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 files)

4 Date

5/30

03

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

Roadrunner service

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

Office sought / held

Date

6/7

03

Payee name

Central Austin Democrats

Payee address: City, State, Zip Code

c/o Bree Buchanan  
Austin, TX

Amount (\$)

10.00

Purpose of expenditure

5/7/03

Yarbrough event fkt.

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

Office sought / held

Date

6/30

03

Payee name

Karen Sonleitner

Payee address: City, State, Zip Code

1712 Pasadena Drive  
Austin, TX 78757

Amount (\$)

42.08

Purpose of expenditure

Repay all outstanding  
out of pocket (see Sch. G)

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

Office sought / held

Date

6/30

03

Payee name

Bank One

Payee address: City, State, Zip Code

7600 Burnet Road  
Austin, TX 78757

Amount (\$)

12.00

Purpose of expenditure

Cumulative Bank Fees:  
Jan → June 2003

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

Office sought / held

109.03



**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	5 Payee name	8 Amount (\$)
1/8 03	6 Payee address: City, State, Zip Code <u>AT+T</u> <u>P.O. Box 78628</u> <u>Phoenix, AZ 85062-8628</u> 7 Purpose of expenditure (See instructions regarding type of information required.) <u>Long distance calls</u>	6.18 <u>Repaid 6/30/03</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/15 03	Payee name: <u>La Villita parking</u> Payee address: City, State, Zip Code <u>215 S. Presa</u> <u>San Antonio, TX</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Parking - BCP meeting</u>	Amount (\$) 4.00 <u>Repaid 6/30/03</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
1/22 03	Payee name: <u>Austin CCr. Parking</u> Payee address: City, State, Zip Code <u>2nd + Brazos</u> <u>Austin, TX 78701</u> Purpose of expenditure (See instructions regarding type of information required.) <u>TARAL luncheon parking</u>	Amount (\$) 7.00 <u>Repaid 6/30/03</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
3/14 03	Payee name: <u>U.S. Postmaster</u> Payee address: City, State, Zip Code <u>Northcross Station</u> <u>Austin, TX 78757-1715</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Proof of mailing label</u>	Amount (\$) 0.90 <u>Repaid 6/30/03</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
4/07 03	Payee name: <u>Four Seasons parking</u> Payee address: City, State, Zip Code <u>98 San Jacinto Blvd</u> <u>Austin, TX 78701</u> Purpose of expenditure (See instructions regarding type of information required.) <u>Parking - meeting</u>	Amount (\$) 4.00 <u>Repaid 6/30/03</u> <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:  
*2/2*

2 FILER NAME  
*Karen M. Sonleitner*

3 ACCOUNT# (Ethics Commission filers)

4 Date <i>4/10 03</i>	5 Payee name <i>Classified Parking System</i>	8 Amount (\$) <i>6.00</i>
	6 Payee address: City, State, Zip Code <i>4th Colorado Austin, TX 78701</i>	<i>Repaid 6/30/03</i>
	7 Purpose of expenditure (See instructions regarding type of information required.) <i>Parking - meeting</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>5/7 03</i>	Payee name <i>Four Seasons Parking</i>	Amount (\$) <i>9.00</i>
	Payee address: City, State, Zip Code <i>98 San Jacinto Blvd Austin, TX 78701</i>	<i>Repaid 6/30/03</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>Parking - meeting</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date <i>6/9 03</i>	Payee name <i>Four Seasons Parking</i>	Amount (\$) <i>5.00</i>
	Payee address: City, State, Zip Code <i>98 San Jacinto Blvd Austin, TX 78701</i>	<i>Repaid 6/30/03</i>
	Purpose of expenditure (See instructions regarding type of information required.) <i>DAA Luncheon parking</i>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

*#20*