

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

6439

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	MS / MRS / MR Ms. NICKNAME	FIRST Karen LAST	M ⁱ M. SUFFIX
Sonleitner			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO BOX 26524	APT / SUITE #: 26524	CITY: STATE: ZIP CODE Austin TX 78755
1712 Pasadena Drive, Austin 78757			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 451-9920	EXTENSION:
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms. NICKNAME	FIRST Annette LAST	M ⁱ S. SUFFIX
Cootes			
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
4007 Hyridge Austin TX 78759			
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 345-9555	EXTENSION:
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Final report (Attach C/OH - FR) <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
10 PERIOD COVERED	Month: Day: Year: THROUGH Month: Day: Year: 07/01/06 12/31/06		
11 ELECTION	LAST ELECTION DATE Month: Day: Year: 03/07/06	ELECTION TYPE POST ELECTION <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) During reporting period Co. Commissioner - Pct. 2		
14 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: NONE Address / PO Box: Apt. / Suite #: City: State: Zip Code		

OFFICE USE ONLY

Date Received: **2007 JAN 14 AM 9:02**

FILED FOR RECORD
 COUNTY CLERK
 TRAVIS COUNTY TEXAS

Date Hand-delivered or Date Postmarked:

Receipt #: Amount:

Date Processed:

Date Imaged:

GO TO PAGE 2

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Karen M. Sonleitner 16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME
None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	<u>---</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (SCH. A TOTAL)	\$	<u>300.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<u>---</u>
	4. TOTAL POLITICAL EXPENDITURES (SCH. F+G TOTALS)	\$	<u>2982.77</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <u>CLOSED OUT</u>	\$	<u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>0</u>

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 18th day of January, 2007, to certify which, witness my hand and seal of office.

Sharon McKinney Sharon McKinney Secretary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

2

AI / 1

KAREN M. SONLEITNER
SCHEDULE A
CONTRIBUTIONS
JANUARY 17, 2007 REPORT

08-22-06
Paul & Margaret Gosselink
903 W. 16th Street
Austin, TX 78701
\$300

3

\$300

F1/4

KAREN M. SONLEITNER
SCHEDULE F
EXPENDITURES
JANUARY 17, 2007 REPORT

07-12-06
Sweetish Hill
1120 W. 6th Street
Austin, TX 78703
\$36.00
For: Food for West Austin Democrats July 12 Event

07-13-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

07-20-06
JP Morgan Chase Bank
Dallas, TX 75201
\$17.00
For: Service charge

08-06-06
Special Event Fund
C/O Alicia Perez
314 W. 11th Street Room 535
Austin, TX 78701
\$100.00
For: Sponsor of Dr. Roberto Bayardo Retirement Party

08-08-06
Austin AFL-CIO Council
P.O. Box 87
Austin, TX 78767
\$115.00
For: Ad in Labor Day Program

4

\$312.95

F2/4

08-13-06
Ad Ventures In Texas, Inc.
1120 Capital Of Texas Hwy S. Bldg. 3 Suite 200
Austin, TX 78746
\$347.04
For: Replicas of ABJ Award for Reimers Ranch Deal of the Year

08-13-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

08-17-06
JP Morgan Chase Bank
Dallas, TX 75201
\$17.00
For: Service charge

09-01-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

09-27-06
NARAL
1156 15th Street, NW Suite 700
Washington, DC 20005
\$100.00
For: Sponsor of event

10-01-06
West Austin Democrats
P.O. Box 50064
Austin, TX 78763
\$10.00
For: Annual dues

5

\$563.94

F3/4

10-01-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

11-12-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

11-17-06
JP Morgan Chase Bank
Dallas, TX 75201
\$17.00
For: Service charge

11-26-06
Time Warner Cable
P.O. Box 660097
Dallas, TX 75266-0097
\$44.95
For: Roadrunner Service

12-08-06
Home Depot
7211 N-IH 35 Service Road Northbound
Austin, TX 78752
\$150.00
For: Door prizes for TNR Employee Appreciation Day

12-08-06
Community Action Network
1111 W. 6th Street Suite B-220
Austin, TX 78703-1749
\$25.00
For: CAN Holiday Party costs on 12-08-06

12-19-06
JP Morgan Chase Bank
Dallas, TX 75201
\$17.00
For: Service charge

(6)

\$343.85

F4 / 4

12-31-06

Karen Sonleitner
1712 Pasadena Drive
Austin, TX 78757

\$333.77

For: Reimbursement of outstanding out of pocket expenses
(Detailed in Schedule G of this report)

12-31-06

Karen Sonleitner
1712 Pasadena Drive
Austin, TX 78757

\$1094.49

For: True-up and closeout of all campaign web accounts and computer
upgrades to retain campaign records and campaign files

\$1428.26

7

G1/3

KAREN M. SONLEITNER
SCHEDULE G
EXPENDITURES MADE FROM PERSONAL FUNDS
JANUARY 17, 2007 REPORT

08-30-06
Austin Convention Center
500 E. Cesar Chavez
Austin, TX 78701
\$7.00
For: Parking For Chamber of Commerce Dinner
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

09-25-06
Mars Restaurant
1610 San Antonio
Austin, TX 78701
\$43.24
For: Business Meeting
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

09-26-06
Parking Attendants
3327 Far View Drive
Austin, TX 78730
\$3.00
For: Parking at Nature Conservancy Event
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

09-27-06
Austin Convention Center
500 E. Cesar Chavez
Austin, TX 78701
\$7.00
For: Parking For Nature Conservancy Awards Luncheon
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

8

\$60.24

62/3

10-05-06
Four Seasons Hotel
98 San Jacinto Blvd.
Austin, TX 78701
\$7.00
For: Parking for RECA Luncheon
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

10-13-06
Community Action Network
1111 W. 6th Street Suite B-220
Austin, TX 78703-1749
\$20.00
For: CAN Retreat costs on 10-13-06
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

10-16-06
Chase Tower Garage
221 W. 6th Street
Austin, TX 78701
\$2.25
For: Parking for business lunch
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

10-18-06
HEB
5808 Burnet Road
Austin, TX 78756
\$152.25
For: Supplies for PBO Breakfast
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

10-19-06
Cocina de Consuelo
4516 Burnet Road
Austin, TX 78756
\$58.58
For: Supplies for PBO Breakfast
REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED
REPAID: 12-31-06

9

\$240.08

63/3

10-23-06

Four Seasons Hotel
98 San Jacinto Blvd.
Austin, TX 78701

\$7.00

For: Parking for DAA Impact Awards

REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED

REPAID: 12-31-06

10-25-06

Mr. Gatti's Pizza
MLK Jr. Blvd./UT location
Austin, TX 78701

\$19.45

For: Lunch for Austin HS Career Day students

REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED

REPAID: 12-31-06

11-07-06

Four Seasons Hotel
98 San Jacinto Blvd.
Austin, TX 78701

\$7.00

For: Parking for meeting

REIMBURSEMENT FROM POLITICAL CONTRIBUTIONS INTENDED

REPAID: 12-31-06

10

\$33.45

KAREN M. SONLEITNER
SCHEDULE K
CREDITS
JANUARY 17, 2007 REPORT

KI
/

07-31-06

The Davis Group, Inc.

3601 South Congress Ave. Building B, Suite 100

Austin, TX 78704

\$819.45

Reason for credit: Refund from Time Warner Cable

\$819.45

(11)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

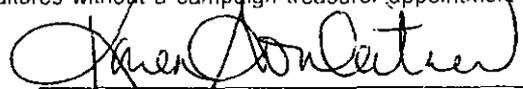
The Instruction Guide explains how to complete this form.
** Complete only if "Report Type" on page 1 is marked "Final Report" **

1 C/OH NAME
Karen Sonleitner Campaign

2 ACCOUNT # (Ethics Commission filers)

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 (ON DAY REQUIRED FORMS DUE)

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

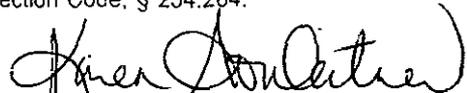
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual 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.

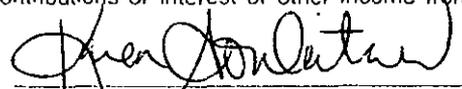

Signature of Candidate

5 OFFICEHOLDER (DURING FILING PERIOD)

** 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. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

No assets or funds remaining


Signature of Officeholder

12

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on:		
<input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-T <input type="checkbox"/> SPAC-T		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED