Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Henry | MI: J.

NICKNAME | LAST: Rosales | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 37010

San Antonio, Texas 78237

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Linda | MI: G.

NICKNAME | LAST: Rivas | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2926 Kerri Elizabeth

San Antonio, Tx 78237

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(210) 434-4024

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: 3/25/03 THROUGH Month Day Year: 4/24/03

10 ELECTION

ELECTION DATE Month Day Year: 5/3/2003

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): City Council Dist. 5

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

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: Henry Rosales

15 ACCOUNT # (Ethics Commission filers):

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
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 P 2:30

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	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 7825.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 9772.66
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9772.66
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 11712.00

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

MARY HELEN AVILA
NOTARY PUBLIC
STATE OF TEXAS
My Comm. Exp. 12-11-2004

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Henry J. Rosales, this the 25th day of March, 20 03, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/4/03	Dianna Carmenaty 9218 Ridge Grove San Antonio, Tx 78250	$100.00	N/A

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/25/03	Bill Kaufman 230 Country Lane San Antonio, Tx 78209	$1000.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/2/03	Baltazar Serna Jr 120 Villita San Antonio, Tx 78205	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/2/03	Henry Munoz 235 W. Kings Hwy. San Antonio, Tx 78212	$500.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 PM 2:30

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Printed on recycled paper

Revised 04/03/2000

2100

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
4/2/03	James Bastoni 106 Ottawa Run San Antonio, Tx 78231	$500—	N/A		
4/7/03	3D/1 PAC 1900 West Loop South, Ste 600 Houston, Tx 77027	$100.00	N/A		
4/2/03	G.W. Worth Jr 4929 Camp Bullis Rd. San Antonio, Tx 78256	$1000.00	N/A		
4/3/03	Pat Jasso 326 Anton San Antonio, Tx 78223	$50.00	N/A		
4/15/03	J. Arredondo Construction 7765 FM 482 New Braunfels, Tx 78132	$500.00	N/A		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Printed on recycled paper

Revised 04/03/2000

2150

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
4/9/03	Gale, Wilson & Sanchez PLLC 115 E. Travis, Ste 618 San Antonio, Tx 78205	$100.00	N/A

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

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/03	Ray J. Olivarri, Jr. 111 Soledad, Ste 825 San Antonio, Tx 78205	$300.—	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/31/03	Ignacio Perez 298 Leigh St. San Antonio, Tx 78210	$100.—	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/03	Dario Chapa 635 W. Woodlawn San Antonio, Tx 78212	$200.00	N/A

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/15/03	Jorge Cervera San Antonio, Tx 782	$200.00	N/A

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.

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:39

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)	9 Principal occupation (Optional)	10 Employer (Optional)
4/22/03	C. Edward Barron III P.O. Box 477 Helotes, Tx 78023	$500.00	N/A		
4/22/03	Susan K. Kopplin 6722 Wagner Way San Antonio, Tx 78256	$500.00	N/A		
4/22/03	Marathon Title Company LC 9311 San Pedro Ave, Ste 111 San Antonio, Tx 78216	$250.00	N/A		
4/21/03	Walter M. Embrey 600 NE. Loop 410, Ste # 900 San Antonio, Tx 78209	$250.00	N/A		
4/21/03	Mike Barnard 11807 Sunburst Ln. San Antonio, Tx 78230	$250.00	N/A		

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 P 2:30

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Printed on recycled paper

Revised 04/03/2000

1750

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

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:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor (☐ out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
3/31/03	Winslow Swart 13423 Shorecliff San Antonio, Tx 78248	$150.00	

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

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/1/03	Keith D. Swinney 16214 San Dominique San Antonio, Tx 78232	$750.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
4/25/03	Gilbert/Aurelia Rosales 9277 Cana Ave El Paso, Tx 79907	$25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor (☐ out-of-state PAC (ID#:_____)) / Contributor address; City; State; Zip Code	Amount of contribution ($)	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.

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/27/03	Goyo Zepeda 2311 W. Travis San Antonio, Tx 78207	$600—

8 Purpose of payment (See instructions regarding type of information required.): Grassroot Organizer

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/27/03	Henry Farias 123 Broadbent San Antonio, Tx 78210	$250.00

Purpose of payment (See instructions regarding type of information required.): Signs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/30/03	SBC PO Box 1780 Houston, Tx 77251	$400.00

Purpose of payment (See instructions regarding type of information required.): H.Q. Phone Service

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/31/03	Westend Nutrition Center 1226 NW 18th St San Antonio, Tx 78201	$50.00

Purpose of payment (See instructions regarding type of information required.): Senior Event

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 3:30

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/5/03	Laura Sosa 218 Lively San Antonio, Tx 78213	$1000.—

8 Purpose of payment (See instructions regarding type of information required.): Office Manager

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/03	Josephine V. Ramon 3939 Portsmouth San Antonio, Tx 78223	$1000.

Purpose of payment (See instructions regarding type of information required.): Political Consultant

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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/03	Gloria Felan 7510 Lago Frio San Antonio, Tx 78239	$100.—

Purpose of payment (See instructions regarding type of information required.): Office Support

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/5/03	Laura Sosa 218 Lively San Antonio, Tx 78213	$19.29

Purpose of payment (See instructions regarding type of information required.): Re-imbursement Misc. expenses

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

2119-29

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

CITY RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 PM 2:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME
Henry Rosales

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/5/03	Josephine Ramon 3939 Portsmouth San Antonio, Tx 78223	$75.80

8 Purpose of payment (See instructions regarding type of information required.)
Re-imbursement - Misc. expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/7/03	Henry Rosales 2926 Kerri Elizabeth San Antonio, Tx 78237	$300.—

Purpose of payment (See instructions regarding type of information required.)
Re-imbursed for Walkers expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/03	Henry Rosales 2926 Kerri Elizabeth San Antonio, Tx 78237	$244.00

Purpose of payment (See instructions regarding type of information required.)
Reimbursed for BIK Walkers expenses

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/12/03	Josephine Ramon 3939 Portsmouth San Antonio, Tx 78223	$436.82

Purpose of payment (See instructions regarding type of information required.)
Reimbursed for favors for parties/events

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission Use)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/12/03	Josephine Ramon 3939 Portsmouth San Antonio, Tx 782	$ 239.44

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Reimbursed For F2F Postcards	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/16/03	Laura Sosa 218 Lively San Antonio, Tx 78213	$1000 —

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
H.Q Manager	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Laura Sosa 218 Lively San Antonio, Tx 78213	$82.31

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Reimbursed for misc. ofc. expenses	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Josephine Ramon 3939 Portsmouth San Antonio, Tx 78223	$300.—

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Marketing - Heather	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: Henry Rosales

3 ACCOUNT # (Ethics Commission filers)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:30

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/17/03	Josephine V. Ramon 3939 Portsmouth San Antonio, Tx 78223	$1000.00

8 Purpose of payment (See instructions regarding type of information required.): Consultanting

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Wello-Wella Corporation 3618 W. Commerce San Antonio, Tx 78207	$325.00

Purpose of payment (See instructions regarding type of information required.): H.Q Rent

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/03	Henry Farias 123 Broadbent San Antonio, Tx 78210	$500.00

Purpose of payment (See instructions regarding type of information required.): Signs

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/03	Gov. O. Zepeda 2311 W. Travis San Antonio, Tx 78207	$625.00

Purpose of payment (See instructions regarding type of information required.): Early Vote Effort

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Printed on recycled paper

Revised 04/04/2000

2430

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME Henry Rosales

3 ACCOUNT # (Ethics Commission fil

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 P 2:31

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/23/03	Gilbert Gallegos 902 Winnipeg San Antonio, Tx 782	$300.

8 Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Early Vote Effort	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/17/03	Goyo Zepeda 2311 W. Travis San Antonio, Tx 78207	$625.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Early Vote Effort	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4/23/03	Goyo Zepeda 2311 W. Travis San Antonio, Tx	$300.00

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held
Early Vote Effort	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/31/03	~~Keith D. Swinney~~ ~~16214 San Dominique~~ ~~San Antonio, Tx 78232~~	~~$750.00~~

Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name / Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED