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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 A 10:08

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

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: Bert | MI: T.

NICKNAME | LAST: Cecconi | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE: 3017 Charter Crest, SA. tx 78230

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Anne | MI

NICKNAME | LAST: Mullen-Smith | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE: 3026 NanTucket Dr., S.A. tx 78230

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 699-1940 | EXTENSION

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: Mar / 25 / '03 THROUGH Month / Day / Year: Apr. / 23 / '03

10 ELECTION

ELECTION DATE Month / Day / Year: May / 3 / '03

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): City Council - Dist. 8

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

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH SUPPLEMENTAL SHEET PG 2

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2003 APR 29 A 10:08

14 C/OH NAME

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

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)	$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 9,176.43
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $10,000 1st. Report + $10,000 2nd. Report =	$ 20,000.00

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.

ANGELA MARIE FALZONE
MY COMMISSION EXPIRES
June 12, 2006

Bert T. Cecconi

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bert T. Cecconi, this the 22nd day of April, 20 03, to certify which, witness my hand and seal of office.

Angela Marie Falzone	Angela Marie Falzone	Notary Republic of Texas
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 APR 29 A 10:08

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3

2 FILER NAME: Bert Cecconi

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-4-03	Easy Driver 906 Ruiz Street San Antonio, TX 78207	275.00

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

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 ($)
4-4-03	Henry Farias 133 Broadbent Street San Antonio, TX 78210	50.00

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

•• 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 ($)
4-8-03	Sutherland Advertising 830 N.E. Loop 410 #200 San Antonio, TX 78209	2,271.31

Purpose of payment (See instructions regarding type of information required.): Mailing 2 Printing

•• 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 ($)
4-10-03	V.S. Press 1628 James P. Rodgers Drive Valdosta, Ga. 31601	1,230.00

Purpose of payment (See instructions regarding type of information required.): printing 3

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

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2003 APR 29 A 10:08

1 Total pages Schedule F: 3

2 FILER NAME: Bert Cecconi

3 ACCOUNT # (Ethics Commission filers):

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-15-03	Allied Advertising 3700 Blanco Road San Antonio, TX 78212	63.65

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

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 ($)
4-15-03	Allied Advertising 3700 Blanco Road San Antonio, TX 78212	1,281.08

Purpose of payment (See instructions regarding type of information required.): 1' x 2" 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 ($)
4-15-03	Election Support Services 4958 Military Drive West San Antonio, TX 78242	2,290.39

Purpose of payment (See instructions regarding type of information required.): Mailing 2

•• 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 ($)
4-16-03	Sutherland Advertising 830 N.E. Loop 410 # 200 San Antonio, TX 78209	1,000.00

Purpose of payment (See instructions regarding type of information required.): Set-up Mailer 2

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

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POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 APR 29 A 10: 08

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F 3

2 FILER NAME
Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-15-03	City of San Antonio PO Box 839975 San Antonio, TX 78283-3975	265.00

8 Purpose of payment (See instructions regarding type of information required.)
Sign permit & decals

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 ($)
4-15-03	Henry Farias 123 Broadbent Street San Antonio, TX 78210	450.00

Purpose of payment (See instructions regarding type of information required.)
signs (put up)

•• 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 ($)

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)

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

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LOANS

SCHEDULE E

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 29 A 10:08

1 Total pages Schedule E

2 FILER NAME
Bert Cecconi

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan
4-4-03

6 Is lender a financial Institution?
Y (N)

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Dentistry International, Inc.

8 Lender address; City; State; Zip Code
2040 Babcock Rd. Suite 307
San Antonio, TX 78229

9 Loan Amount ($)
10,000.00

10 Interest rate
prime

11 Maturity date
4-4-04

12 Description of Collateral
☐ none

13 GUARANTOR INFORMATION
☐ not applicable

14 Name of guarantor

15 Guarantor address; City; State; Zip Code

16 Amount Guaranteed ($)

17 Principal Occupation

18 Employer

Date of loan

Name of lender ☐ out-of-state PAC (ID# _____)

Loan Amount ($)

Is lender a financial Institution?
Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral
☐ none

GUARANTOR INFORMATION
☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation

Employer

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

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