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

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

01 DEC 26 PM 1:31

See backside for instructions

1 ACCOUNT #

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: John | MI: H.

NICKNAME | LAST: Sanders | SUFFIX

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify) _____

5 ORIGINAL PERIOD COVERED

Month Day Year: 01/01/01 THROUGH Month Day Year: 04/27/01

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

- This corrected report supersedes the corrected report date stamped 05/25/01.
- Original report filed on 5/24/01 incorrectly overlapped reporting periods – 30th Day + 8th Day
- This report includes contributions and expenditures not reported on the original report of 05/24/01.
- Duplicate contribution + expenditures previously reported should not have been reported + were deleted.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

John H Sanders

Signature of Candidate or Officeholder

MELINDA S. LOPEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by John H. Sanders this the 26th day of December, 2001,

to certify which, witness my hand and seal of office.

Melinda S. Lopez — Signature of officer administering oath

Melinda S. Lopez — Printed name of officer administering oath

Notary — Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed on recycled paper

(Revised 05/11/2000)

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: 1

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: John | MI: H.
NICKNAME | LAST: Sanders | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5019 Lakwood, San Antonio, Tx 78220

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Howard | MI:
NICKNAME | LAST: Anderson | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
101 Hub Ave, San Antonio, Texas 78220

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION
(210) 277-5824

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: 03/27/01 THROUGH Month Day Year: 04/25/01

10 ELECTION

ELECTION DATE Month Day Year: 05/05/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): City Council, District 2

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.B 2070 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

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

01 DEC 26 PM 3:31

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)	$ 16,185.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. TOTAL POLITICAL EXPENDITURES	$ 6,668.13
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

19 AFFIDAVIT

MELINDA S. LOYA NOTARY PUBLIC STATE OF TEXAS EXPIRES 04-04-2005

AFFIX NOTARY STAMP / SEAL ABOVE

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.

John H Sanders

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John H Sanders, this the 26th day of December, 20 01, to certify which, witness my hand and seal of office.

Melinda S. Loya — Signature of officer administering oath

Melinda S. Loya — Printed name of officer administering oath

Notary — Title of officer administering oath

Printed on recycled paper

Revised 05/11/2000

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 John H. Sanders

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)
03/27/01	Raymond Schneider 1700 N. St. Mary's Ste. 1825 San Antonio, Texas 78205	$100.00	

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)
03/28/01	Rick Sheldon 4006 Green Oak Drive Waco, Texas 76710	$500.00	

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)
03/28/01	Frances Clifton 2218 Hays Street San Antonio, Texas 78202	$50.00	

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)
03/29/01	Jeffry Sauler 2223 Encino Loop San Antonio, Texas 78259	$100.00	

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)
03/29/01	William Saloman 2 Inwood Knoll San Antonio, Texas 78248	$100.00	

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 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: John H. Sanders

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)
03/29/01	Brian Weiner P.O. Box 7608 San Antonio, Texas 78207	$900.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
03/30/01	Phillip Bagnall 216 Lamont Ave San Antonio, Texas 78209	$100.00	
Principal occupation (Optional)	Employer (Optional)		
03/31/01	Interacity Enterprise 1602 E. Commerce San Antonio, Texas 78210	$500.00	
Principal occupation (Optional)	Employer (Optional)		
04/02/01	C. Lawrence Gottsman 4202 Dividend San Antonio, Texas 78219	$250.00	
Principal occupation (Optional)	Employer (Optional)		
04/02/01	Frank and Selma Bell 315 Hub San Antonio, Texas 78220	$25.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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)

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1 Total pages this Schedule A1:

2 FILER NAME: John H. Sanders

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)
04/03/01	Pat Frost 1604 Garraty Road San Antonio, Texas 78209	$50.00	

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)
04/04/01	Bobby Joe Miller 719 Lost Canyon San Antonio, Texas 78258	$50.00	

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)
04/04/01	Phillip Green 157 Cibolo Ridge Trail Boerne, Texas 78015	$50.00	

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)
04/05/01	Associated General Contractors 10806 Gulfdale San Antonio, Texas 78216	$500.00	

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)
04/05/01	Mike Wish 11310 Sir Winston San Antonio, Texas 78216	$100.00	

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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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1 Total pages this Schedule A1:

2 FILER NAME: John H. Sanders

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)
04/05/01	Fullbright + Jaworski LLP 1301 McKinney Ste. 5100 San Antonio, Texas 78258	$500.00			
04/05/01	William Leroy Perotti 2227 Estate View Drive San Antonio, Texas 78260	$50.00			
04/06/01	S.A. Fire Fighters PAC 735 Magnolia San Antonio, Texas 78212	$1000.00			
04/06/01	SA Fire Fighters PAC 735 Magnolia San Antonio, Texas 78212	$100.00			
04/07/01	Davis-Scott YMCA 1213 Louisa San Antonio, Texas 78203	$100.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

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2 FILER NAME: John H. Sanders

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)
04/09/01	Latrell S. Johnson 2415 Tyne Dr San Antonio, Texas 78222	$100.00			
04/10/01	Richard Evans, Jr 315 Terrell Road San Antonio, Texas 78220	$50.00			
04/11/01	USAA Group PAC 9800 Fredericksburg Road San Antonio, Texas 78230	$500.00			
04/11/01	Bernard Lifshutz 215 W. Travis Street San Antonio, Texas 78205	$200.00			
4/11/01	T. C. Frost P. O. Box 1600 San Antonio, Texas 78296	$50.00			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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)

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1 Total pages this Schedule A1:

2 FILER NAME: John H. Sanders

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)
04/12/01	Amalgamater Transit Union 5025 Wisconsin Ave NW Washington, DC 20016	$300.00	

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)
04/13/01	Daniel Markson 2421 Lake Pancoast Drive #4C Miami, Florida 33140	$200.00	

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)
4/11/01	USSA Group PAC 9800 Fredericksburg Road San Antonio, Texas 78230	$500.00	

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)
04/13/01	DBA Soules + Wallace 100 W. Houston St Ste 1500 San Antonio, Texas 78205	$500.00	

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)
04/15/01	Lawrence Harkless 13103 Country Trail San Antonio, Texas 78216	$100.00	

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.

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: John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/15/01	Dr. + Mrs. Hubert C. Lovelady 4352 Wildt Road San Antonio, Texas 78222	$100.00	

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

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/16/01	Elliot Stone 13155 Keystone Terrance North Miami, Florida 33181	$200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/16/01	ABC Mailroom Services 6614 Seidel San Antonio, Texas 78209	$200.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/16/01	Edward + Nancy Cross III 2 Laurel Place San Antonio, Texas 78209	$500.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/18/01	Frank Dunn 457 S. Main Street San Antonio, Texas 78205	$250.00	

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.

01 DEC 26 AM 11:32

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: John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
04/18/01	Davidson + Troilo 7550 IH-10 West Ste. 800 San Antonio, Texas 78224	$200.00	

9 Principal occupation (Optional)
10 Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/19/01	James A. Robinson 19110 Nature Oaks San Antonio, Texas 78259	$300.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/20/01	Mrs Claudell Benson 721 Rocklyn Drives San Antonio, Texas 78239	$100.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/20/01	COPE US. Division 1313 L. Street, NW Washington, DC 20005	$5000.00	

Principal occupation (Optional)
Employer (Optional)

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
04/20/01	Mrs. Sonnie Deen 2114 Odessa Drive San Antonio, Texas 78220	$50.00	

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.

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)

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1 Total pages this Schedule A1:

2 FILER NAME: John H. Sanders

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)
04/20/01	IBEW COPE 1125 15th Street, NW Washington DC 20005	$500.00	
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)
04/20/01	Claudell Benson + Ronald Benson 721 Rocklyn Drive San Antonio, Texas 78239	$100.00	
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)
04/21/01	Mike Bernard 11867 Sunburst Lane #201 San Antonio, Texas 78230	$500.00	
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)
04/21/01	Maj. (Ret.) Evans E. Thompson, Jr. 4125 Loma Rosada Dr. El Paso, Texas 77013	$10.00	
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)
04/22/01	Marye Ceilford 3802 Willowood Drive San Antonio, Texas 78216	$50.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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)

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2 FILER NAME: John H. Sanders

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)
04/23/01	Arthur Sitterele III 117 Lilac Lane San Antonio, Texas 78209	$250.00	

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)
04/24/01	Bank One Corp. PAC 1 Bank One Plaza Chicago, IL 60670	$250.00	

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)

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)

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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 John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/27/01	James Turner 2233 SE. Military Dr. Ste 1 San Antonio, Texas 78223	$250.00

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

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 ($)
3/28/01	Alamo Chamber 602 E. Commerce San Antonio, Texas 78205	$20.00

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

•• 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 ($)
3/30/01	Crimrine Printers, Inc. 2030 E. Houston St San Antonio, Texas 78202	$94.00

Purpose of payment (See instructions regarding type of information required.)
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 ($)
4/02/01	Latty Watson 222 Marmolk San Antonio, Texas 78220	$60.00

Purpose of payment (See instructions regarding type of information required.)
Campaign Activity

•• 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 John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/4/01	Alice A. Wallace 3615 Versailles San Antonio, Texas 78219	$43.00

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

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 ($)
04/04/01	Enterprise Rental Car 10150 Hwy 281 North San Antonio, Texas 78216	$420.81

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

•• 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 ($)
04/05/01	Proforma Sweet Promotions P.O. Box 201195 San Antonio, Texas 78220	$459.50

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

•• 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 ($)
04/07/01	Davis-Scott YMCA 1213 Iowa San Antonio, Texas 78203	$100.00

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

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

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Texas Ethics Commissi. P.O. Box 12070 Austin, Texas 78711-207 (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 John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/07/01	Mayme B. Williams 510 Canton San Antonio, Texas 78202	$104.93

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
Campaign Activity	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/07/01	Mayme B. Williams 510 Canton San Antonio, Texas 78202	$700.00

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/07/01	Sprint PCS 613 N W Loop 410 San Antonio, Texas 78249	$250.00

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
Telephone	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
04/13/01	James Turner 2233 SE Military Dr. Ste 1 San Antonio, Texas 78223	$200.00

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
Office Mgmt.	

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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 John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/13/01	Southwestern Bell Telephone P.O. Box 4844 Houston, Texas 77097	$500.00

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

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 ($)
04/14/01	Bayseas Resturant 217 S. W. W. White Road San Antonio, Texas	$50.24

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

•• 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 ($)
04/14/01	Southwestern Bell Telephone P.O. Box 4844 Houston, Texas 77097	$500.00

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

•• 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 ($)
04/18/01	Amois Specialty, Inc. 710 S. Flores San Antonio, Texas 78204	$17.12

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

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

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Revised 04/04/2000

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
04/18/01	Kinko's 1275 NE Loop 410 San Antonio, Texas 78209	$50.83

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

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 ($)
04/18/01	Laura Thompson Agency 3206 Cripple Creek #8 San Antonio, Texas 78209	$1909.30

Purpose of payment (See instructions regarding type of information required.): 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 ($)
04/20/01	James Turner 2233 S.E. Military Drive Ste. 1 San Antonio, Texas 78223	$250.00

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

•• 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 ($)
04/21/01	Phillis Lott 2431 Christian Dr. San Antonio, Texas 78222	$300.00

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

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

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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: John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
	Shelton Washington 4032 E. Southcross San Antonio, Texas 78222	$118.00

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

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 ($)
04/23/01	James Turner 2233 S.E. Military Dr. Ste 1 San Antonio, Texas 78223	$250.00

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

•• 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 ($)
04/25/01	Alamo Chamber 602 E. Commerce San Antonio, Texas 78205	$30.40

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

•• 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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