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

RECEIVED CITY OF HOUSTON CITY CLERK 2001 JUL 12 P 12:36

See backside for instructions

1 ACCOUNT #

2 Total pages filed: 7

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

5 ORIGINAL PERIOD COVERED

Month Day Year: 04/26/01 THROUGH Month Day Year: 05/19/01

6 EXPLANATION OF CORRECTION

See Schedule A1 for additional contributions.
See Schedule F for additional expenditures.
See page 2 (Form C/OH) for corrected totals.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Legal | Totals

Date Processed

Date Imaged

7 AFFIDAVIT

MARY DUNAGAN
MY COMMISSION EXPIRES
May 14, 2003

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me by John H Sanders this the 11 day of July, 20 01.

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

Mary Dunagan — MARY DUNAGAN — Notary Public

Signature of officer administering oath — Printed name of officer administering oath — 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)

Scanned

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:36

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

•• This listing includes 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	$
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 15,600.00

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
4.	**TOTAL POLITICAL EXPENDITURES**	$ 28,551.63

OUTSTANDING LOAN TOTALS

5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

19 AFFIDAVIT

MARY DUNAGAN
MY COMMISSION EXPIRES
May 14, 2003

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H Sanders, this the 11 day of July, 2001, to certify which, witness my hand and seal of office.

Mary Dunagan — Signature of officer administering oath

MARY DUNAGAN — Print name of officer administering oath

Notary Public — Title of officer administering oath

Texas Ethics Commission 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)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 PM 12:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 5

2 FILER NAME: John Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5-5-01	Oscar Eason 5507 S. Leo St Seattle, WA	500.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-14-01	Leon Thomas 1206 Picardie S.A. TX 78219	50.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-15-01	Gloria Bryant 355 W. Broadway S.A. TX 78228	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
5-15-01	Matthew Rotan 3411 Westminister Houston, TX	1,000.00	
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)
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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5-15-01	Cedric McCary 321 Crestwind Dr. S.A. TX 78239	300.00

8 Purpose of expenditure: expense

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-17-01	Laura Thompson 3206 Cripple Creek S.A. TX 78209	175.00

Purpose of expenditure: Political Add

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-18-01	James Turner 2233 S.E. Military Ste. 1 S.A. TX 78223	20.00

Purpose of expenditure: Campaign expense

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-17-01	Cedric McCrary 321 Crestwind S.A. TX 78239	23.09

Purpose of expenditure: expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 12 P 12: 36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: John H. Sanders

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
4/28/01	Guardian Lock Box 29277 S.A. TX 78229	234.81

8 Purpose of expenditure: Campaign expense

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/7/01	Churches Chicken #10 S. Hackberry at Durango S.A. TX 78210	14.54

Purpose of expenditure: Campaign Food

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/19/01	Block Walkers: David Hadley, Harold Coleman, James Cooper, Robert Jackson, Keith Perrerell, James Carter, Anthony Moore unknown	450.00 (cash)

Purpose of expenditure: Campaign Block Walkers

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/18/01	Maime Williams 510 Canton St. S.A. TX 78202	400.00 (cash)

Purpose of expenditure: Block Walkers

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
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CITY CLERK
2001 JUL 12 P 12:36

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 ($)
5-19-01	Maime Williams 510 Canton St. S.A. TX 78202	350.00 (cash)

8 Purpose of expenditure: Block Walkers

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-17-01	John Sanders 5019 Lakewood San Antonio, TX	158.94

Purpose of expenditure: Food, Campaign Expenses

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/14/01	James Turner 2233 SE Military Ste. 1 S.A. TX 78223	25.86

Purpose of expenditure: Expense

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/12/01	John Sanders 5019 Lakewood S.A. TX 78220	986.00

Purpose of expenditure: Stamps

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

Hon. John Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5-17-01	Kinko's Copying S.A. Tx	135.23

8 Purpose of expenditure	9 – Complete if direct expenditure to benefit C/OH – Candidate / Officeholder name / Office sought / held
Copies	

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

Purpose of expenditure	– Complete if direct expenditure to benefit C/OH – Candidate / Officeholder name / Office sought / held

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

Purpose of expenditure	– Complete if direct expenditure to benefit C/OH – Candidate / Officeholder name / Office sought / held

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

Purpose of expenditure	– Complete if direct expenditure to benefit C/OH – Candidate / Officeholder name / Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED