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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 2:59

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers): 00000000

2 Total pages this report: 1/8

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
TITLE: Mr. FIRST: Art A. MI:
NICKNAME: LAST: Hall SUFFIX:

4 CANDIDATE / OFFICEHOLDER ADDRESS
☐ Change of Address
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2243 Shady Rock Circle
PO Box 866
San Antonio TX 78293

5 CAMPAIGN TREASURER NAME
TITLE: Mr. FIRST: Chad J. MI:
NICKNAME: LAST: Muller SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 866
San Antonio TX 78293

7 CAMPAIGN TREASURER PHONE
AREA CODE: ( ) - PHONE NUMBER: 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: 07/01/2002 THROUGH Month Day Year: 12/31/2002

10 ELECTION
ELECTION DATE Month Day Year: 05/03/2003
ELECTION TYPE: ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE
OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): Other -- City Council (SAT) 8

13 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
COVER SHEET PG 2

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	$ 320.00
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1595.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ 242.54
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5076.77
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 5334.75

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.

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

AFFIX NOTARY STAMP SEAL HERE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ART A. HALL, this the 15 day of JAN, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez	Melinda S. Lopez	Notary
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 3/8

2 FILER NAME
Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
12/31/2002	Mr. Greg Belleny 11422 Taiban San Antonio TX 78023	150.00	Food/drink,etc. for fund - raiser

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)
12/31/2002	Ms. Joyce Ann Brown 6301 Gaston Avenue 3rd Floor,East Tower Dallas TX 75214	250.00	Location,food/drink,etc. - for fundraiser

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)
08/27/2002	Ms. Tara Ford 221 Lexington Avenue,Unit 318 San Antonio TX 78215	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)
09/23/2002	Msgt. (Ret) Joseph M. Jr. or Wanda L. Guntz 9734 Horseshoe Pass San Antonio TX 78254	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)
12/30/2002	Msgt. (Ret) Joseph M. Jr. or Wanda L. Guntz 9734 Horseshoe Pass San Antonio TX 78254	100.00	

Principal occupation (Optional) Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2003 JAN 15 PM 3:00

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report: 4/8

2 FILER NAME
Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers)
00000000

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)
11/19/2002	Ms. Annalisa Peace 247 Army San Antonio TX 78215	75.00	

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)
12/31/2002	Dr. Morris Stribling 3421 Hunters Walk San Antonio TX 78230	350.00	Food/drink,etc. for fund - raiser

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)
08/27/2002	Mr. & Mrs. Travis E. or Lanita S. Wiltshire 3911 Creek Point San Antonio TX 78230-2063	150.00	

Principal occupation (Optional) Employer (Optional)

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LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 5/8

2 FILER NAME: Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers): 00000000

4 TOTAL OF UNITEMIZED LOANS: $ 0.00

5 Date of loan: 07/01/2002

7 Name of lender: Mr. Art A. Hall

☐ out-of-state PAC(ID#_____)

9 Loan Amount ($): 2998.12

6 Is lender a financial Institution? N

8 Lender address; City; State; Zip Code
2243 Shady Rock Circle
PO Box 866
San Antonio TX 78293

10 Interest rate: 0.0

11 Maturity date: 05/31/2003

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

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POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 6/8

2 FILER NAME
Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
12/30/2002	AT&T Wireless PO Box 8220 Aurora IL 60572-8220	192.94

8 Purpose of expenditure (See instructions regarding type of information required.)
Bill portion

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 ($)
11/01/2002	Mr. Art A. Hall 2243 Shady Rock Circle PO Box 866 San Antonio TX 78293	200.00

Purpose of expenditure (See instructions regarding type of information required.)
Partial loan reimbursement

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 ($)
09/23/2002	Ms. Carolyn Heath 111 Limestone Oak San Antonio TX 78230	191.95

Purpose of expenditure (See instructions regarding type of information required.)
Fee/reimbursement

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 ($)
08/15/2002	McCall & Associates 1617 East Commerce Suite 6101 San Antonio TX 78205	1035.00

Purpose of expenditure (See instructions regarding type of information required.)
Advance for brochure

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

POLITICAL EXPENDITURES

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 7/8

2 FILER NAME
Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/22/2002	McCall & Associates 1617 East Commerce Suite 6101 San Antonio TX 78205	2221.00

8 Purpose of expenditure (See instructions regarding type of information required.)
Brochure design

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 ($)
08/15/2002	Smith Print PO Box 690306 San Antonio TX 78269	518.50

Purpose of expenditure (See instructions regarding type of information required.)
Cards/envelopes

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 ($)
12/05/2002	Southwestern Bell Telephone PO Box 4844 Houston TX 77097-0079	224.00

Purpose of expenditure (See instructions regarding type of information required.)
Campaign phone line installation/deposit

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 ($)
07/31/2002	U.S. Postal Service Downtown Station San Antonio TX 78205-9998	74.00

Purpose of expenditure (See instructions regarding type of information required.)
Stamps

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

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POLITICAL EXPENDITURES

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SCHEDULE F

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1 Total pages report: 8/8

2 FILER NAME
Mr. Art A. Hall

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
08/16/2002	U.S. Postal Service Downtown Station San Antonio TX 78205-9998	44.00

8 Purpose of expenditure (See instructions regarding type of information required.)
PO Box rental

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 ($)
11/22/2002	U.S. Postal Service Downtown Station San Antonio TX 78205-9998	37.00

Purpose of expenditure (See instructions regarding type of information required.)
Stamps

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 ($)
08/20/2002	Wal-Mart 5555 DeZavala San Antonio TX 78230	80.45

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

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 ($)
12/30/2002	Wal-Mart 5555 DeZavala San Antonio TX 78230	15.39

Purpose of expenditure (See instructions regarding type of information required.)
Supplies

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