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: 2001 APR -6 P 2:18 RECEIVED CITY OF SAN ANTONIO CITY CLERK

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Councilman | FIRST: Bobby | MI: J

NICKNAME | LAST: Perez | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

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

PO Box 5344 San Antonio, TX 78201

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Kevin | MI: S

NICKNAME | LAST: Messenger | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

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

3481 Fredricksburg Rd San Antonio, TX 78201

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 938.4945 | 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: 1 / 16 / 01 THROUGH Month Day Year: 4 / 4 / 01

10 ELECTION

ELECTION DATE Month Day Year: 5 / 05 / 01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council Dist 1

12 OFFICE SOUGHT (if known): City Council Dist 1

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: N/A

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

☐ 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

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: NA

COMMITTEE ADDRESS: NA

COMMITTEE CAMPAIGN TREASURER NAME: NA

COMMITTEE CAMPAIGN TREASURER ADDRESS: NA

☐ additional pages

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 P 2:18

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)	$ 24,355

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ —
4.	**TOTAL POLITICAL EXPENDITURES**	$ 19,639.54

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT

NORMA RODRIGUEZ NOTARY PUBLIC STATE OF TEXAS EXPIRES FEB. 28

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.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bobby Perez, this the 5th day of April, 2001, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: NORMA S. RODRIGUEZ | Title of officer administering oath: NOTARY PUBLIC

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: 1

2 FILER NAME

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)
1/15/01	Tom Dreiss 12 Santa Anita San Antonio, TX 78261	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)
11/10/00	Joseph Condello 9119 Don Mills San Antonio, TX 78250	1000.00	

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)
1/12/01	Fabian Rodriguez 6287 Apple Valley San Antonio TX 78242	1000.00	

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)
1/15/01	Chester Drash 15322 Pebble Dew San Antonio TX 78232	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)
1/18/00	Edward Torres 2727 Treble Creek Apt 226 San Antonio TX 78250	500.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 01 APR -5 PM 2:

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

2 FILER NAME

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 ($)	8 In-kind contribution description (if applicable)
1/12/01	J Rick Daly 7001 Creekwood Pass Spring Branch ~~San Antonio~~, TX 78070	50.00	
9 Principal occupation (Optional)	10 Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1/13/01	Mary Midkiff 21321 Babcock #7 San Antonion, TX 78255	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 ($)	In-kind contribution description (if applicable)
3/20/01	Douze Lopez 117 Blue Star No. 3 San Antonio Tx 78204	200.00	
Principal occupation (Optional)	Employer (Optional)		
Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
3/21/01	Priscilla Pina 213 upson st. San Antonio, TX 78212	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)
3/20/01	Steve Giast 701 N. St. Marys #38 San Antonio TX 78205	250.00	
Principal occupation (Optional)	Employer (Optional)		

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 5 PM 2:21

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: 3

2 FILER NAME

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)
3/15/01	Gaylord E. Reaves 2610 Rim Oak San Antonio, TX 78232	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)
3/21/01	Curtis C. Gunn, Jr. P.O. Box 598 San Antonio, TX	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)
3/21/01	Martin, Drought & Torres Attorneys at Law 300 Convent Street San Antonio, TX 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)
3/24/01	Stanley Blend 16427 Axis Trail San Antonio TX 78232	150.00	

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)
3/24/01	J.A. Cappelli 347 Wilkens Ave San Antonio, TX 78210	5.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 5 PM 2:21

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: 4

2 FILER NAME

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)
3/22/01	Patrick Kennedy 112 Pecan Ste. 2810 San Antonio TX 78205	1000.00	

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)
3/21/01	Grant McFarland 305 Wildrose Ave San Antonio Tx 78209	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)
3/23/01	Jerry W. Cobb 6114 Autumn Arbor Houston TX 77092	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)
3/23/01	Alan H. Vanderhider 5411 San Pedro San Antonio, TX 78212	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)
3/8/01	Jesse H. Oppenheimer 711 Navarro St. San Antonio, TX 78205	100.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
2001 APR -5 AM 2:21
CITY CLERK

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: 5

2 FILER NAME

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)
3/25/01	Victor J. Ferrari 3419 Hunters Wind St. San Antonio, TX 78230	25.00	

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)
3/27/01	Charles E. Cheever 501 Terrell Road San Antonio, TX 78209	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)
3/28/01	Al Medina P.O. BOX 13335 San Antonio, TX 78213	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)
3/28/01	Lawrence L. Roddick 11520 Huebner #206 San Antonio, TX 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)
3/25/01	E.P. Waller Jr. 112 El Cerrito San Antonio, TX 78232	100.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 5 PM 2:21

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: 4

2 FILER NAME

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)
3/23/01	Justine Daly 303 E. Quincy Ste. 207 San Antonio, TX 78215	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)
3/26/01	Charles C. Butt 335 KingWilliam San Antonio, TX 78204	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)
3/28/01	Larry K. Travis 239 Lovera San Antonio, TX 78212	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)
3/28/01	Bob Ross Realty P.O. BOX 28490 San Antonio, TX 78228	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)
3/28/01	Alamo Communications Brokers 7727 Branston San Antonio, TX 78250	500.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 2:21

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: 7

2 FILER NAME

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)
3/28/01	Suren Kamath 11107 Wurzbach San Antonio, TX 78230	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)
3/28/01	David P. Stanush 1451 Old Boerne Rd. Bulverde TX 78163	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)
3/28/01	Lorena Merlo 1300 Patricia Apt. 100S San Antonio, TX 78213	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)
3/28/01	George Eugene Simor 1617 E. Commerce San Antonio, TX 78205	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)
3/27/01	R. F. McGoon 3700 Blanco Rd. San Antonio, TX 78212	1000.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 2:21

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: 8

2 FILER NAME

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)
3/28/01	Roberto P. Gonzalez 1747 Fawn Gate San Antonio, TX 78248	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)
3/28/01	John P. Walker 1603 Nacogdoches San Antonio, TX 78209	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)
3/28/01	Donna Lindsey 314 W. Hollywood San Antonio, TX 78212	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)
3/28/01	Jay S. Norton Attorney At Law 222 Main Plaza San Antonio, TX 78205	1000.00	

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)
3/26/01	San Antonio Police Officers Assoc. PAC 1939 N.E. Loop 410 #230 San Antonio, TX 78217	3500.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:22

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: 4

2 FILER NAME

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)
3/28/01	Alamo Auto Sound & Security 1806 McCullough San Antonio, TX 78212	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)
3/28/01	Kenneth W. Brown 1249 Wiltshire San Antonio, TX 78209	1000.00	

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)
3/28/01	John W. Feik 9171 Rochelle St. San Antonio, TX 78240	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)
3/28/01	M. Mike Garza, III 113 East Norwood Cte. San Antonio, TX 78212	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)
3/28/0	Robert J. Ross 7102 McCullough San Antonio, Tx 78216	250.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:

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: 10

2 FILER NAME

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)
3/28/01	Manuel G. Escobar 201 W. Poplar San Antonio, TX 78212	1000.00	

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)
3/26/01	Valero Politial Action Committee P.O. Box 500-MS-36 San Antonio, TX 78201	1000.00	

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)
3/27/01	Marmon Mok 700 N. St. Mary's Ste. 1600 San Antonio, TX 78205	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)
3/28/01	Ruben Escobar 745 E. Mulberry Ste. 777 San Antonio, TX 78212	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)
3/29/01	Paul H. Johnson 163 Park Hill Dr. San Antonio, TX 78212	100.00	

Principal occupation (Optional)	Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 2:21

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: 11

2 FILER NAME

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)
3/28/01	Charles E. Amato 9311 San Pedro, Apt 6000 San Antonio, TX 78216	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)
3/29/01	Douglas Beach 217 Alamo Plaza San Antonio, TX 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)
4/3/01	Rolandos Pablos 43 Chapel Hill San Antonio, TX 78240	500.00	

Principal occupation (Optional) | Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
2001 APR -5 PM 2:22
CITY CLERK

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)
4/3/01	G. W. Worth 6929 Camp Bulls Rd San Antonio, TX 78256	2500.00	

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)

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

24355

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: 1/15

2 FILER NAME: Bobby Perez

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/3/01	San Antonio Observer San Antonio, Tx	210.00

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

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 ($)
1/17/01	Omnisky San Diego, Calif	33.06

Purpose of payment (See instructions regarding type of information required.): Cellular 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 ($)
1/17/01	Rainbow Spirits 2811 St Mary's Street San Antonio, Tx 78212	54.12

Purpose of payment (See instructions regarding type of information required.): Gift to Staff

•• 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 ($)
1/17/01	St. Frances Church 506 San Casimiro St. 78214	50.00

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

•• 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 2001 APR -5 PM 2:20

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: 2/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
1/23/01	Petroleum Club 8620 N. New Braunfels, San Antonio 78209	264.52

8 Purpose of payment (See instructions regarding type of information required.): Fundraiser 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 ($)
2/1/01	Luke Rodriguez 109 W Grayson 78205	1200.00

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

•• 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 ($)
2/13/01	Target 8421 HWY 281 San Antonio TX 78212	57.44

Purpose of payment (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 ($)
2/13/01	Home Depot 435 W. Sunset San Antonio TX 78209	251.21

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

•• 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 2001 APR -5 PM 2:20

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: 3/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/13/01	Bolos Latin Grill 7325 Broadway San Antonio, TX 78209	25.93

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
2/13/01	Albertsons 2224 S. St. Mary's St HWY 281 San Antonio, TX 78212	29.27

Purpose of payment (See instructions regarding type of information required.): Fuel 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 ($)
2/13/01	Wal Mart 8500 Jones Maltsberger San Antonio TX 78209	79.12

Purpose of payment (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 ($)
2/13/01	Target 8421 HWY 281 San Antonio TX 782	57.33

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

•• 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 2001 APR -5 PM 2:20

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: 4/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/13/01	Sprint 255 E. Basse The Quarry San Antonio, TX 78209	32.33

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

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 ($)
2/13/01	Sprint 255 E Basse The Quarry, San Antonio, TX 78209	140.22

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

•• 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 ($)
2/14/01	San Antonio Business Journal 341-3202 70 NE Loop 410 Ste. 350 San Antonio, TX 78216	25.00

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

•• 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 ($)
2/14/01	Omniskey San Diego, California	33.96

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

•• 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
2001 APR 5 PM 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: 5/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/16	Home Depot 2135 W. Sunset San Antonio TX 78209	93.74

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/17/01	Michael Villarreal Blanco Rd San Antonio, TX	1750.00

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

Statistical Services

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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:20

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
2/17/01	Holy Family 152 Florencia San Antonio TX 78228	100.00

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

Contribution

•• 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 ($)
2/17/01	City of San Antonio Main Plaza San Antonio, TX 78205	243.99

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

Expenses

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

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: 4/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/20/01	Blanca Montey 910 W. Frio San Antonio, Tx	75.00

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

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 ($)
2/21/01	U.S. Post Office Laurel Heights Branch San Antonio, TX 78212	5.64

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

•• 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 ($)
2/21/01	Melissa Coulter 2826 Vance Jackson San Antonio, TX	32.31

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

•• 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 ($)
2/21/01	Robert Garza Campaign 3027 Navajo San Antonio, TX 78211	500.00

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

•• 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
2001 APR 25 PM 2:20

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: 7/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/23/01	City of San Antonio Main Plaza 78205	9 65

8 Purpose of payment (See instructions regarding type of information required.): Reimburse Phone Expense

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 ($)
2/24/01	Edison High PTA 701 Santa Monica San Antonio, TX 78212	50 00

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

•• 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 ($)
2/25/01	Luke Rodriguez 535 W. Magnolia San Antonio, TX 78212	101 54

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

•• 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 ($)
2/27/01	US Postal Service Laurel Heights Branch San Antonio TX 78212	134 40

Purpose of payment (See instructions regarding type of information required.): Postage for mail out

•• 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 2001 APR -5 PM 2:20

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: 8/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2/28/01	Martinez St. Women's Shelter 316 Martinez San Antonio TX 78205	250.00

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
contribution.	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/1/01	Luke Rodriguez 835 W. Magnolia San Antonio, Tx 78212	1200

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
Services Rendered	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/6/01	Danny Garcia 6-2-1 Graphics 621 E. Dewey San Antonio, TX 78212	530.00

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
Shirts	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/10/01	Mobile Mini Storage 16707 N. IH 35 San Antonio, TX 78154	344.67

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
Storage Bin	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:20

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: 9 | 15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/10/01	Allied Advertising 3700 Blanco Rd San Antonio, TX 78212	1500.00

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

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 ($)
3/16/01	Melissa Coulter 2826 Vance Jackson San Antonio, TX 78212	40.1

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

•• 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 ($)
3/16/01	Luke Rodriguez 538 W. Magnolia San Antonio, TX 78212	53.34

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

•• 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 ($)
3/19/01	US Postal Services Laurel Heights Branch San Antonio TX 78212	281.52

Purpose of payment (See instructions regarding type of information required.): Postage for Mail out

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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 5 PM 2:20

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: 10/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/19/01	Manuel S. Perez 56 Vaughan San Antonio, TX 78201	600.00

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
Services	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/01	Home Depot 435 W Sunset San Antonio TX 78209	128.52

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
Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/01	Radio Shack 11543 West Ave San Antonio TX 78213	24.79

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
Supplies	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/20/01	Omnisky San Diego, California	33.86

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
Cellular Service	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR 25 PM 2:20

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: 11/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/21/01	Mobile Mini 16707 N IH 35 San Antonio TX 78154	121.22

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

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 ($)
3/21/01	Comp USA 820 Rector San Antonio, TX 78216	91.82

Purpose of payment (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 ($)
3/21/01	RTC Florist 1420 Fredericksburg San Antonio TX 78201	39.37

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

•• 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 ($)
3/22/01	Sears 6301 N.W. Loop 410 Central Park Mall San Antonio, TX 782	257.26

Purpose of payment (See instructions regarding type of information required.): Equipment Tools/campaign

•• 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 2001 APR -5 PM 2:20

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: 12 / 15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/20/01	Home Depot 435 Sunset San Antonio TX 78209	268.00

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

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 ($)
3/20/01	Target 8421 HWY 281 San Antonio TX 78216	140

Purpose of payment (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 ($)
3/22/01	Albertsons 2224 S. St. Mary's St. San Antonio TX 78212	25.02

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

•• 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 ($)
3/22/01	Office Max 255 Basse Rd. The Quarry San Antonio, TX 78209	86.14

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

•• 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
2001 APR 5 PM 2:21

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: 13/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/23/01	Sam's Burgers 330 E Grayson San Antonio TX 78205	40 56

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
Food Expense	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/23/01	Christ the King Church 2619 Perez St San Antonio, TX 78207	50

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 ($)
3/23/01	~~SWBell~~ Sprint 255 E Bass The Quarry San Antonio, TX 78209	382 79

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
Phone Expenses	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
	Allied Advertising 3700 Blanco Rd San Antonio, TX 78212	1626 23

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
Advertising	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:21

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: 14 | 15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/24/00	Mobile Mini 16707 N.IH 35 San Antonio, TX 78154	121 22

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
Storage	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/24/01	Illusions Rentals 119 Idaho St. San Antonio, TX 78202	258

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
tent rental	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
3/28/01	Jamaican Jerk BBQ Mistletoe San Antonio, TX 78201	339 62

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 ($)
3/31/01	US Postal Service Laurel Heights Branch San Antonio TX 78212	59 95

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
Postage	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:2

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: 15/15

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 PM 2:21

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3/31/01	Bexar County	100.00

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

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 ($)
3/31/01	Melissa Coulter 2826 Vance Jackson San Antonio TX 78213	253.77

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

•• 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 ($)
4/1/01	Michael Villarreal Blanco San Antonio, TX 78212	1750.00

Purpose of payment (See instructions regarding type of information required.): Data Collection Services

•• 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 ($)
4/1/01	Luke Rodriguez 535 W Magnolia San Antonio, TX 78212	1200.00

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

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

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: 16 | 15

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4/1/01	Trinity Publication PO Box 140285 Austin TX 78714	416.25

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

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 ($)
4/1/01	Rotary Club San Antonio, TX	500.00

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

•• 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 ($)
4/3/01	Curtis Wayne San Antonio TX	275.00

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

•• 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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 APR -5 PM 2:21

19639.54