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

RECEIVED CITY OF SAN ANTONIO CITY CLERK'S OFFICE 2001 JUL 12 P 12:39

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

1 ACCOUNT # (Ethics Commission files)

2 Total pages filed: ~~15~~ 15

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE: Hon | FIRST: John | MI: H

NICKNAME | LAST: Sanders | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 5019 Lakewood | APT / SUITE #: | CITY: S.A. | STATE: Texas | ZIP CODE: 78220

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: Sheila | MI

NICKNAME | LAST: McNeil | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 4545 Hoeneke #401 | APT / SUITE #: | CITY: S.A. | STATE: TX | ZIP CODE: 78219

7 CAMPAIGN TREASURER PHONE

AREA CODE: (210) | PHONE NUMBER: 445-6948 | 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: 05/20/01 THROUGH Month Day Year: 06/30/01

10 ELECTION

ELECTION DATE Month Day Year: / /

ELECTION TYPE ☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any): City Council Dist 2

12 OFFICE SOUGHT (if known)

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. 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 John H. Sanders

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	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	$ 4,850.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 5,891.36
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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.

MARY DUNAGAN
MY COMMISSION EXPIRES
May 14, 2003

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

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: Hon. John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

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)
6/25/01	David Cortez 218 Produce Row S.A. Tx 78207	750.00	

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)
5/21/01	Fulbright + Jaworski 1301 McKinney St Houston, Tx	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)
5/22/01	Ironworkers COPE 1106 Lavaca St Austin, TX	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)

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 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 12:37

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)
6-25-01	Mr A. Jimenez 4026 Glen Rock S.A. TX 78240	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)
6-25-01	Ray Ramirez 3306 Woodcliff San Antonio, TX 78230	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)
5-23-01	AFL-CIO 1625 L. St. Wash. D.C. 20036	1,000.00	

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)
6-25-01	Ralph Hernandez 1902 S. Hackberry S.A. 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)
6/25/01	Ramiro Valdez Box 240520 S.A. TX	250.00	

Principal occupation (Optional)

Employer (Optional)

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)

RECEIVED CITY OF SAN ANTONIO 2001 JUL 12 P 12:37

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)
6-14-01	Abel Godines 10109 Pemcrest S.A. TX	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)
6-11-01	Abel Godines 10109 Pemcrest S.A. TX 78239	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)
6-4-01	Edward Torres 2727 Treble Creek S.A. TX 78250	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)

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

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME: Hon John Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
6/28/01	San Antonio Spurs 100 Montana S.A. TX 78201 San Antonio Charitables Event	255.50
6/02/01	New Mt. Pleasant Baptist 1639 Hays, S.A. TX 78202 Womens Day Add	75.00
5/23/01	Alamo Chamber N. Alamo at Durango Luncheon	15.00

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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

RECEIVED CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6-11-01	Papadeaux's Resturant 76 N.E. Loop 410 San Antonio, TX	55.89

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 ($)
5-29-0	G.S.A.T Co. 11146 IH 35N. S.A. Tx 78233	38.00

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 ($)
5-26-01	Bill Millers BBQ IH 37 at Durango S.A. Tx 78205	15.32

Purpose of expenditure: campaign Lunch

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-28-01	Abram Emerson 1310 Onslow San Antonio, Tx 78202	29.46

Purpose of expenditure: Campaign Photos

– 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 CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Hon. John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5/22/01	Popeyes #172 506 S.W.W. White Rd. San Antonio, TX 78220	16.14

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 ($)
05/26/01	Nick's Barber Supply 1264 S. W.W. White Rd S.A. TX 78220	6.59

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 ($)
6/29/01	EXXON 7058 N. Pan Am S.A. TX 78218	10.00

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 ($)
6/28/01	Myra Fleming 2519 Tucker S.A. TX 78222	80.00

Purpose of expenditure: office expense

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

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POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

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1 Total pages Schedule F

2 FILER NAME: Hon. John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6-19-01	San Antonio Register Box 102500 S.A. TX 78205	1,300.00

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 ($)
6-27-01	Alamo Chamber of Commerce N. Alamo at Durango S.A. TX 78205	45.00

Purpose of expenditure: Chamber Luncheon

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
06-02-01	New Mt. Pleasant Bapts 1639 Hays St. S.A. 78202	75.00

Purpose of expenditure: (see Schedule I) Womens Day 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 ($)
6-23-01	Phyllis Lott unknown (2431 Christian, S.A. TX 78220	400.00

Purpose of expenditure: Office Management

– 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 CITY OF SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5/21/01	David Hadley, Keith Piercell / Harold Coleman Unknown	160.00

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 ($)
6/20/01	Aldo's Marina N.W Loop 410 at Crossroads Mall San Antonio 78201	33.29

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 ($)
5/28/01	Ruben's Tamales 1807 Rigsby S.A. TX 78210	64.73

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 ($)
6/28/01	San Antonio Spurs 100 Montana S.A. TX 78205	255.50

Purpose of expenditure: See Schedule I Expense (Non-Political)

– 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 SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Hon John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
6/14/01	Election Services 4958 Military Dr. West S.A. TX 78242	269.69

8 Purpose of expenditure: Early Voting Report

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 ($)
6-04-01	Natl. Car rental S.A. 78216	243.53

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 ($)
6-13-01	Sprint PCS 613 N.W. Loop 410 S.A. TX 78269	110.00

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 ($)
5/28/01	Bill Millers I-H-37 at Durango, S.A. TX 78229	145.36

Purpose of expenditure: campaign expense (35 meals)

– 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 SAN ANTONIO CITY CLERK 2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Hon. John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5/25/01	David Arevalo 627 Delaware S.A. TX 78210	450.00

8 Purpose of expenditure: Campaign Signs

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 ($)
5-23-01	LeHye Watson 222 Marmok S.A. TX 78220	155.29

Purpose of expenditure: Postage

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5-23-01	Proforma Promotions BOX 201195 S.A. TX 78220	277.85

Purpose of expenditure: expenses - T-Shirts

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
5/23/01	Proforma Promotions BOX 201195 S.A. TX 78220	124.06

Purpose of expenditure: Hand cards

– 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
CITY OF SAN ANTONIO
CITY CLERK
2001 JUL 12 P 12:37

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME: Hon. John H. Sanders

3 ACCOUNT # (Ethics Commission Use)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5-24-01	Election Support Services 4958 SW Military Dr. S.A. TX 78242	259.00

8 Purpose of expenditure: Phone Voter list

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 ($)
5-25-01	Mayme Baily Williams 510 canton S.A. TX 78202	506.00

Purpose of expenditure: 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 ($)
5-28-01	Phyllis Lot 2431 Christian S.A. TX 78220	300.00

Purpose of expenditure: office 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 ($)
5/28/01	James Turner 2233 SE Military Dr. Ste 1 S.A. TX 78223	250.00

Purpose of expenditure: office mgmt.

– 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission use only)

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
5-24-01	Saquita Cooper Unknown	190.00

8 Purpose of expenditure: Phone Bank Worker

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 ($)
5-28-01	Phyllis Lott 2431 Christian Dr. S.A. Tx 78220	300.00

Purpose of expenditure: expense (office)

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

Date	Payee name / Payee address, City, State, Zip Code	Amount ($)
6/23/01	Alexanders Resturant 255 E Basse Rd S.A. Tx 78209	41.25

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 ($)
6/19/01	Aldo's Marina NW Loop 410 at crossroads San Antonio, Tx 782	14.91

Purpose of expenditure: expense

– 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages in this schedule F

2 FILER NAME

Hon John H. Sanders

3 ACCOUNT (Ethics Commission use only)

2001 JUL 12 P 12:37

4 Date	5 Payee name / 6 Payee address, City, State, Zip Code	7 Amount ($)
06-14-01	James Turner 2223 S.E. Military Ste. 1 S.A. Tx 78223	150.00

8 Purpose of expenditure: office management

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 ($)
6-21-01	Tommy Moore 333 S. Hackberry S.A. Tx 78203	149.10

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 ($)
6-21-01	Aaron Waiters 127 Morningview San Antonio, Tx 78220	75.00

Purpose of expenditure: office 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 ($)
6/29/01	Alamo Chamber N. Alamo at Durango S.A. Tx 78205	45.00

Purpose of expenditure: Staff Lunch

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED