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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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: 25

3 CANDIDATE / OFFICEHOLDER NAME	TITLE / FIRST: John / MI: H. / NICKNAME / LAST: Sanders / SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 5019 Lakewood, San Antonio, TX 78220	Date Received
5 CAMPAIGN TREASURER NAME	TITLE / FIRST: Sheila / MI: D / NICKNAME / LAST: McNeil / SUFFIX	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 4545 Hoenecke #401, San Antonio, TX 78219	Receipt # / Amount
7 CAMPAIGN TREASURER PHONE	AREA CODE: (210) / PHONE NUMBER: 661-9432 / EXTENSION	Date Processed
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)	Date Imaged
9 PERIOD COVERED	Month Day Year: 01/01/2002 THROUGH Month Day Year: 06/30/2002	
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 ☐ additional pages	** 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	

GO TO PAGE 2

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 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

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17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ -0-
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 17,425.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$ -0-
	4. **TOTAL POLITICAL EXPENDITURES**	$ 11,804.79
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ -0-

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.

Signature of Candidate or Officeholder

JULIA DAVIS ELLISON
MY COMMISSION EXPIRES
April 29, 2005
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H. Sanders, this the 15th day of July, 20 02, to certify which, witness my hand and seal of office.

Julia Davis Ellison	Julia Davis Ellison	Senior Executive Secty
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

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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)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 11

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)
1-15-02	Bernard Lifshultz 215 W. Travis, S.A. TX 78205	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)
1-21-02	Santos Fraga Jr. 7011 Holly Mountain S.A. TX 78250	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)
1/21/02	Raymond Carnavan 3410 Roosevelt, S.A. 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)
1-10-02	Douglas Heath 111 Limestone 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)
1-18-02	James Callaway 330 Westover, S.A. TX 78209	100.00	

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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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)
1-8-02	William Perotti 2227 Estate View S.A. TX 78260	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)
1-3-02	Pat Frost 604 Garraty Rd San Antonio, TX 78209	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)
1-10-02	Davidson & Troilo PAC 7550 IH-10 West Ste 800 S.A. TX 78229	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)
1-2-02	Phillip Green 157 Cibolo Ridge Trail Boerne, TX 78015	50.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
1-3-02	T.C. Frost Box 1600 S.A. TX 78296	50.00	

Principal occupation (Optional) | Employer (Optional)

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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)
1-11-02	John T. Montford 1 Buckingham Court S.A. TX 78257	125.00	

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)
1-14-02	Wayne S. Alexander 2 Lost Timbers, S.A. TX 78248	125.00	

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)
1-7-02	Beverly Watts Davis 6807 Tree Fern Ln Austin, TX 78750	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)
1-3-02	Joyce Lovelady 4352 Wildt Rd San Antonio, TX 78222	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)
1-3-02	Raba-Kistner PAC, Inc Box 690287, S.A. TX 78269	250.00	

Principal occupation (Optional) PAC | Employer (Optional)

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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)
1-7-02	David Starr 2161 N.W. Military Hwy San Antonio, Tx 78213	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)
1-6-02	Alfonso Chiscano 15243 Pebble Cove San Antonio, TX 78232	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)
1-6-02	Navarra Williams 511 Possum Oak S.A. 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)
1-4-02	Jeffrey A. Rochelle 505 Arcadia Pl. San Antonio, Tx 78209	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)
1-9-02	Earl A Brown 111 Soledad, Ste 1111 S.A. Tx 78205	1,000.00	

Principal occupation (Optional) | Employer (Optional)

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1-9-02	R. Home Espree 4007 McCullough, S.A. Tx 78212	150.00	

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)
1-9-02	Paula Deering 10407 New England S.A. Tx 78230	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)
1-9-02	Eugene Simor 1617 E. Commerce S.A. 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)
1-3-02	Peter Holt 2191 Little Blanco Rd Blanco, TX 78606	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)
1-8-02	Jane H. Macon 300 Convent, Ste 2200 S.A. Tx 78205	100.00	

Principal occupation (Optional) | Employer (Optional)

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1-9-02	Gordon V. Hartman 1175 W. Bitters, Ste. 200 S.A. 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)
1-8-02	Mayne B. Williams 510 Canton S.A. TX 78202	75.00	

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)
1-9-02	Laura R. Thompson 3206 Cripple Creek #8a S.A. TX 78209	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)
1-9-02	S.A. Firefighters PAC 8925 W. IH10 S.A. TX 78230	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)
1-8-02	Nelson W. Milstead 222 Madison S.A. TX 78204	50.00	

Principal occupation (Optional) | Employer (Optional)

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1-8-02	Loeffler, Jonas, Tuggey 700 N. St. Mary's, Ste 600 S.A. Tx 78205	1,000.00	

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)
1-9-02	Walter C. Trotter 1617 E. Commerce S.A. 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)
1-9-02	Katherine Shields Box 8335 S.A. Tx 78208	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)
1-9-02	Ernest W. Bromley 104 E. Elsmere S.A. Tx 78212	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)
1-9-02	Thomas M. Gianbol 3312 Brylter Dr. Austin, Tx 78703	500.00	

Principal occupation (Optional) | Employer (Optional)

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1-9-02	Anthony C. Edwards	121 Blue Star #2 S.A. TX 78204	200.00	

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)
1-8-02	Guilermo H. Gonzalez Jr	742 Royston Ave S.A. TX 78225	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)
1-9-02	Fred Kirkseey	1617 E. Commerce S.A. TX 78205	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)
1-9-02	Edward Torres	2727 Treble Creek #226 S.A. TX 78258	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)
1-9-02	Frank Dunn	7022 Congressional S.A. TX 78244	100.00	

Principal occupation (Optional) Employer (Optional)

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5/14/02	David H. Arrington BOX 2071 Midland, TX 79702	2,500.00	

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)
2/4/02	Lawrence Harkless 13103 Country Trail S.A. TX 78216	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)
3-11-02	GSABA - SABPAC 8925 IH10 West S.A. TX 78230	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)
2-27-02	G.W. Worth 6929 Camp Bullis Rd San Antonio, TX 78256	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)
4-10-02	David Earl 111 Soledad Ste 1111 S.A. TX 78205	1,000.00	

Principal occupation (Optional) | Employer (Optional)

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1-16-02	Bill Kaufman 1250 Frost Bank Tower 100 W. Houston, S.A. Tx 78205	1,000.00	

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)
1-2-02	B.J. McCombs Box BH003 San Antonio, TX 78201	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)
1-1-02	Floyd Wilson 18011 Bullis Hl San Antonio, TX 78258	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)
1-8-02	Clayton Gay Jr 4326 Springview San Antonio, Texas 78222	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)
1-3-02	Arthur Sitterle III 117 Lilac Ln S.A. Tx 78209	100.00	

Principal occupation (Optional) | Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME: John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
1-9-02	Walter Troter M Studio, 1617 E Commerce S.A. Tx 78205	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)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)

Principal occupation (Optional) | Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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POLITICAL EXPENDITURES

SCHEDULE F

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 10

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 ($)
2-28-02	PROFORMA Printing BOX 839966 S.A. TX 78283	82.95

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

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 ($)
5-21-02	James Turner 2233 S.E. Military Dr. #1516 S.A. TX 78223	300.00

Purpose of payment (See instructions regarding type of information required.): Election 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 ($)
1-10-02	Sheila McNeil 4545 Hbeneke #401 S.A. TX 78219	800.00

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

•• 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 ($)
1-11-01	Pinkie Williams 4458 E. Houston S.A. TX 78220	749.60

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

2002 JUL 15 AM 8:48

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 ($)
1-11-02	Pinkie Williams 4458 E. Houston S.A. Tx 78220	53.82

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

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 ($)
01-11-02	Sheila McNeil 4545 Hoereke #401 S.A. Tx 78219	300.00

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

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

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
1-15-02	Phillis Wheatley Class of 52 Box 200500 S.A. Tx 78220	100.00

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

•• 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 ($)
1-15-02	Holy Redeemer Catholic 230 Vargas S.A. Tx 78203	100.00

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

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

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-30-02	Flowers By Mary 544 S.W.W. White Rd S.A. TX 78220	59.27

8 Purpose of payment (See instructions regarding type of information required.): 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 ($)
4-17-02	David Arravelo 646 Deleware S.A. TX 78210	3,000.00

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

•• 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 ($)
1-22-02	Gloria Lewis Box 839966 S.A. TX 78283	267.31

Purpose of payment (See instructions regarding type of information required.): phone Bill, Voice Stream

•• 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 ($)
1-24-02	City of S.A. Box 839966 S.A. TX 78283	35.70

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

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

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SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME John A. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
2-01-02	San Antonio Observer News Box 200226 S.A. TX 78220	437.00

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

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 ($)
2-11-02	Flowers By Mary 544 S.W.W. White S.A. Tx 78220	57.18

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

•• 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 ($)
3-4-02	Mario Salas Campaign Box 8321 S.A. TX 78208	400.00

Purpose of payment (See instructions regarding type of information required.): campaign 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 ($)
3-4-02	Ron Kirk Campaign Box 720160 Dallas TX 75372	300.00

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

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

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SCHEDULE F

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1 Total pages Schedule F:

2 FILER NAME John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-7-02	Jason's Deli 1109933 IH 10 S.A. TX	167.50

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

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 ($)
1-17-02	Joan Snow BOX 460333 S.A. TX 78246	88.36

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

•• 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 ($)
5-7-02	Proforma BOX 839966 S.A. TX 78283	82.50

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

•• 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 ($)
4-26-02	Alexanders Resturant 255 E. Basse Rd #1300 S.A. TX 78209	57.05

Purpose of payment (See instructions regarding type of information required.): Schedule G Planning meeting Ron Kirk

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

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POLITICAL EXPENDITURES

SCHEDULE F

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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 ($)
6-22-02	El Pico De Gallo Resturant 111 S. Leona, S.A. Tx 78205	30.09

8 Purpose of payment (See instructions regarding type of information required.): Sch G Campaign Dinner

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 ($)
6/16/02	Chillis Henderson Pass, S.A. Tx 78285	46.52

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

•• 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 ($)
6-15-02	Chillin & Grillin Grill 15801 San Pedro S.A. Tx 78216	30.03

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

•• 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 ($)
2-28-02	Aldino's Resturant 622 N.W. Loop 410 Ste 246 S.A. Tx 78216	13.00

Purpose of payment (See instructions regarding type of information required.): Sch. G Ron Kirk Dinner

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

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SCHEDULE F

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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 ($)
2-26-02	Aldinos Resturant 622 W.W. Loop 410, Ste 246 S.A. Tx 78216	46.91

8 Purpose of payment (See instructions regarding type of information required.): Sch. G Ron Kirk Campaign

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 ($)
3-23-02	Aldino's Resturant 622 NW Loop 410, Ste 246 S.A. Tx 78216	34.94

Purpose of payment (See instructions regarding type of information required.): Sch. G Julian Whittier Campaign

•• 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 ($)
6-14-02	IHOP H 145 San Antonio, Tx	22.07

Purpose of payment (See instructions regarding type of information required.): Sch G Political Planning

•• 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 ($)
2-11-02	Denise Griffin 549 Duke Way #3 Universal City 78148	140.50

Purpose of payment (See instructions regarding type of information required.): Town Hall meeting Community meeting catering

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

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SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
3-12-02	Pappadeaux's Resturant 76 NE Loop 410 S.A. Tx 78216	51.46

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
Ron Kirk Sch. G	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-09-02	Tex. Ethics Commission Box 12070 Austin, TX 78711-2070	2100.00

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
report sanction	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
24-05-02	La Fogata Resturant 2422 Vance Jackson S.A. TX 78213	27.34

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
Schedule G Campaign Lunch	

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-2-02	Buffalo Bobs Smoke House 1506 S St. Mary's San Antonio, TX 78205	24.15

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
Campaign report Dinner	

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME: John H. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-5-02	Captain's Half Shell Resturant John's Rd. at I35 North Austin, Texas 78750	8.61

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

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 ($)
5-28-02	Captain's Half shell Resturant John's Rd. at I35 North Austin, TX 78750	62.50

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

•• 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 ($)
1-4-02	Gamma Tau Chapter Sorority 4219 E. Houston San Antonio, Texas 78220	100.00

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

•• 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 ($)
1-11-02	Punkie Williams 4455 E. Houston S.A. TX 78220	53.82

Purpose of payment (See instructions regarding type of information required.): Decorations Reimbursement for Fundraiser

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

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POLITICAL EXPENDITURES

SCHEDULE F

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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 ($)
1-2-02	Alfred Jackson 2728 Tyne St. S.A. Tx 78219	2,000.00

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

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 ($)
1-11-02	Pinkie Williams 4458 E. Houston S.A. Tx 78220	149.60

Purpose of payment (See instructions regarding type of information required.): Stamps (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 ($)
6-5-02	Captain's Halfshell Oyster Resturant John's Rd at IH-35 N. Austin, TX 78750	

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

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

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

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

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

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 3

2 FILER NAME: John A. 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 ($)	Reimbursement from political contributions intended
2-26-02	Aldino's Resturant 622 NW Loop 410, Ste 246 S.A. TX 78216	Ron Kirk Planning meeting	46.91	☑
3-23-02	Aldino's Resturant 622 NW Loop 410, Ste 246 S.A. TX 78216	Wohlfer Campaign Planning	34.94	☑
6-14-02	IHOP #1415 S.A. TX	Political Planning Breakfast	22.07	☑
3-12-02	Pappadeaux's Resturant 76 NE Loop 410 S.A. TX 78216	Ron Kirk Campaign Lunch	51.46	☑
4-05-02	La Fogata Resturant 2422 Vance Jackson S.A. TX 78213		27.34	☐

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME: 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 ($)	Reimbursement from political contributions intended
4-26-02	Alexanders Resturant 255 E. Basse Rd #1300 S.A. TX 78209	Pol Planning Dinner	57.05	☑
6-22-02	El Pico De Gallo Resturant 111 S. Leona, S.A. TX 78205	expense campaign	30.09	☑
6/16/02	Chilli's Resturant Henderson Pass, San Antonio, TX	Campaign expense	46.52	☐
6-15-02	Chillin & Grillin' Grill 15501 San Pedro S.A. TX 78216	Expense	30.03	☑
2-28-02	Aldinos Rest. 622 N.W. Loop 410 Ste 246 S.A. TX 78216	Ron Kirk Campaign Dinner	13.00	☑

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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1 Total pages Schedule G:

2 FILER NAME: John H. 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 ($)	Reimbursement from political contributions intended
6-2-02	Buffalo' Bobs Smokehouse 1506 S. St. Mary's San Antonio, TX 78205	report dinner	24.15	☑
4-5-02	Captains Half Shell Resturant John's Rd & I 35 North Austin, TX 78750	Planning Lunch	8.61	☑
5-28-02	Captain's Half Shell Resturant Johns & I 35 N Austin, TX 78750	Staff Lunch	62.50	☑
6-05-02	Captain's Half Shell Oyster Resturant John's Rd at IH 35 N Austin, TX 78750		25.01	☑
				☐

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