

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 5525

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:

12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR. FIRST: David MI: A.
NICKNAME: LAST: Escamilla SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 5703 Spurflower Dr. APT / SUITE #: Austin CITY: TX STATE: 78759 ZIP CODE

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (512) PHONE NUMBER: 338-1269 EXTENSION:

Receipt # Amount

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MR. FIRST: David MI: A.
NICKNAME: LAST: Escamilla SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): 5703 Spurflower Dr. APT / SUITE #: Austin CITY: TX STATE: 78759 ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE: (512) PHONE NUMBER: 338-1269 EXTENSION:

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 6th day before election Exceeded \$500 limit Final report: (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 16 / 03 THROUGH Month Day Year: 1 / 12 / 04

11 ELECTION

ELECTION DATE: Month Day Year: 3 / 09 / 04 ELECTION TYPE: Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any): Travis County Attorney

13 OFFICE SOUGHT (if known): Travis County Attorney

14 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: NA

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

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15. C/OH NAME

David Albert Escamilla

16 ACCOUNT # (Ethics Commission files)

17 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

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 200.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 13,461.07

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 186.70

4. TOTAL POLITICAL EXPENDITURES

\$ 9856.85

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

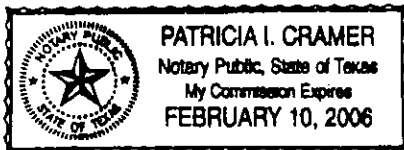
\$ 40,195.80

OUTSTANDING LOAN TOTALS

6. 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.

David A. Escamilla

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla, this the 15 day of January, 2004, to certify which, witness my hand and seal of office.

Patricia I. Cramer

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 7/17/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulbright & Jaworski L.L.P. Texas Committee	7 Amount of contribution (\$) 2500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 600 Congress Avenue, Suite 2400 Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7/17/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehurst, Harkness, Ozmun & Brees P.C.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Colorado St., 24th floor Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minton, Burton, Foster & Collins, P.C.	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1100 Guadalupe St. Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael & Cynthia G. Hello	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 514 Maize Cove Pflugerville, TX 78660			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Lochridge & Kilgore, L.L.P.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 919 Congress Ave., Ste 1100 Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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 A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry M. Gandy	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6212 Park Rd. McLean, VA 22101			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles H. Myers	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7936 Mesa Trails Circle Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick A. Terry	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2305 Westover Rd. Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack W. Gullahorn	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 140045 Austin, TX 78714			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mignon McGarry	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 1501 Austin, TX 78767			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James B. Gay	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. Box 200292 Austin, TX 78720			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher L. Elliott	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2405 Westover Rd. Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Virginia Gay	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11904 Arabian Trail Austin, TX 78759			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Earl Smith	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1108 Nueces St. Austin, TX 78701-2106			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charles H. Jones	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14301 FM 1826 Austin, TX 78737			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Warren - Business Account	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1108 Lavaca, Suite 400 Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warren T. Harrison	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3014 Rochelle Dr. Austin, TX 78748			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Reeves	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3415 Mt. Barker Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlotte C. Whitten	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3355 Blackburn No. 9103 Dallas, TX 75204			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael D. Smith	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 21317 Noack Hill Spicewood, TX 78669			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Robert R. Kamm	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 405 W. 14th St. Austin, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia "V.A." Stephens	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 812 Winflo B Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin Scott Spears, Jr.	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code Arenson & Spears Barton Oaks Plaza One, Ste. 420 901 MOPAC EXPWY. S., Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews & Kurth Texas PAC	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 111 Congress Ave., Suite 1700 Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/23/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Kucera	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7200 North MOPAC, Suite 450 Austin, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/29/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Sauer	7 Amount of contribution (\$) 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6117 Highlandale Dr. Austin, TX 78731			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James H. Gaston	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2507 B Dana Cove Austin, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O.H. "Ike" Harris	Amount of contribution (\$) 1360.00	In-kind contribution description (if applicable) Drinks & appetizers & reception at Harris residence
Contributor address; City; State; Zip Code 3709 Stevenson Ave. Austin, TX 78703			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Heal, Jr.	Amount of contribution (\$) 126.07	In-kind contribution description (if applicable) Invitation printing & mailing expenses for fundraiser at Harris residence.
Contributor address; City; State; Zip Code 500 W. 13th St. Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/09/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles O. Grigson - Office Account	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 W. 12th St. Austin, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL EXPENDITURES		SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/25/03	5 Payee name Worley Printing 6 Payee address; City; State; Zip Code 3217 North Interstate 35 Austin, TX 78722	7 Amount (\$) 462.23
8 Purpose of payment (See instructions regarding type of information required.) Expense for printing of invitations and envelopes for July fundraiser.		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/05/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 1000.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship contribution for TCDP 2004 Filing Day Dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/17/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 750.00
Purpose of payment (See instructions regarding type of information required.) Filing fee for place on Democratic Primary Ballot		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/03	Payee name Emory, Young & Associates, Inc. Payee address; City; State; Zip Code P.O. Box 151238 Austin, TX 78715	Amount (\$) 7,032.92
Purpose of payment (See instructions regarding type of information required.) Expense for design and printing of campaign signs (yard & 4x8)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/05/03	5 Payee name Gonzalo Barrientos Campaign 6 Payee address; City; State; Zip Code P.O. Box 12068, Capitol Station Austin, TX 78711	8 Amount (\$) 100.00 <input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) political contribution - 11/05/03 fundraiser	
Date 7/24/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 2500 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution	
Date 8/25/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution	
Date 9/24/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution	
Date 10/23/03	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution	

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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
2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/24/03	5 Payee name Travis County Democratic Party 6 Payee address; City: State: Zip Code P.O. Box 684263 Austin, TX 78768-4263	8 Amount (\$) 25.00
7 Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution		<input type="checkbox"/> Reimbursement from political contributions intended

Date 12/19/03	Payee name Travis County Democratic Party Payee address; City: State: Zip Code P.O. Box 684263 Austin, TX 78768-4263	Amount (\$) 50.00
Purpose of expenditure (See instructions regarding type of information required.) Sustaining membership contribution		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		<input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H: 1
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 11/06/03	5 Business name Central Austin Democrats	7 Amount (\$) 250.00
6 Business address; City; State; Zip Code c/o Jim Ranas, Treasurer 1501 Barton Springs Rd. #233 Austin, TX 78704		
8 Purpose of payment (See instructions regarding type of information required.) Sponsorship of annual fundraiser - Pet Crow Roast	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Business name Business 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
Date	Business name Business 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
Date	Business name Business 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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