

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5915

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: 11								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR. DAVID A. <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <p style="text-align: center;">ESCAMILLA</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <hr/> Date Received <div style="text-align: center; font-size: small;"> FILED FOR RECORD 2005 JAN 23 PM 2:06 CLERK COUNTY CLERK TRAVIS COUNTY TEXAS </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt Amount <hr/> Date Processed <hr/> Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">5703 SPURFLOWER DR. AUSTIN, TX 78759</p>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 338-1269										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. DAVID A. <hr style="border-top: 1px dashed black;"/> N CKNAME LAST SUFFIX <p style="text-align: center;">ESCAMILLA</p>										
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <p style="text-align: center;">5703 SPURFLOWER DR. AUSTIN TX 78759</p>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 338-1269										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (off holder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (off holder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (off holder only)								
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <p style="text-align: center;">7 / 1 / 04 12 / 31 / 04</p>										
11 ELECTION	ELECTION DATE Month Day Year <p style="text-align: center;">12 / 2 / 04</p>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE	OFFICE HELD (if any) <p style="text-align: center;">TRAVIS COUNTY ATTORNEY</p>	13 OFFICE SOUGHT (if known) <p style="text-align: center;">TRAVIS COUNTY ATTORNEY</p>									
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> 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 <p style="text-align: center;">NA</p> <hr/> Address / PO Box; Apt. / Suite #; City; State; Zip Code										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

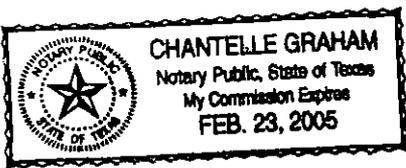
FORM C/OH
COVER SHEET PG 2

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. **	
<input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	NA
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 445.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9945.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,738.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,602.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla, this the 18 day of January, 20 05, to certify which, witness my hand and seal of office.

[Signature] Chantelle Graham Notary

 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: 7	
2 FILER NAME DAVID ALBERT ESCAMILLA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL D. HELLO	7 Amount of contribution (\$) 600.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3711 CERULEAN WAY ROUND ROCK, TX 78681			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/17/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT J. KUHN	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 603 WEST EIGHTH ST. AUSTIN, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/24/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEN BARNES	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 98 SAN JACINTO BLVD., SUITE 250 AUSTIN, TX 78701			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRANGER AND MUELLER, P.C.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 605 W. 10TH ST. AUSTIN, TX 78701-2042			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOSEPH A. TURNER	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11217 FITZHUGH RD. AUSTIN, TX 78736			
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: 7	
2 FILER NAME DAVID ALBERT ESCAMILLA				3 ACCOJNT # (Ethics Commission filers)	
4 Date 9/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH M. GIBSON, ATTORNEY AT LAW	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 700 LAVACA, STE 1010 AUSTIN, TX 78701		9 Principal occupation / Job title (See Instructions)			
10 Employer (See Instructions)		9 Principal occupation / Job title (See Instructions)			
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL J. DUNHAM	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 10050 GREAT HILLS TRAIL, UNIT 1112 AUSTIN, TX 78759		Principal occupation / Job title (See Instructions)			
10 Employer (See Instructions)		Principal occupation / Job title (See Instructions)			
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICK A. TERRY - SPECIAL ACCOUNT	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 2305 WESTOVER RD. AUSTIN, TX 78703		Principal occupation / Job title (See Instructions)			
10 Employer (See Instructions)		Principal occupation / Job title (See Instructions)			
Date 9/20/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAUNESSY, BURNETT & GREENBERG, P.C.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 1000 NORWOOD TOWER 114 WEST SEVENTH STREET AUSTIN, TX 78701		Principal occupation / Job title (See Instructions)			
10 Employer (See Instructions)		Principal occupation / Job title (See Instructions)			
Date 9/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, THOMAS & WINTERS, P.C.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code P.O. Box 1148 AUSTIN, TX 78767		Principal occupation / Job title (See Instructions)			
10 Employer (See Instructions)		Principal occupation / Job title (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: **7**

2 FILER NAME **DAVID ALBERT ESCAMILLA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/20/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARMBRUST & BROWN, L.L.P.	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 100 CONGRESS AVENUE, SUITE 1300 AUSTIN, TX 78701-2744			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date 9/18/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIM D. BROWN - ATTORNEY	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8615 STILLWOOD LN AUSTIN, TX 78757			

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIM REBEL	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 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES MEYERS	Amount of contribution (\$) 250.00	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 10/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHRISTOPHER M. GUNTER, P.C.	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 600 W. NINTH ST. AUSTIN, TX 78701-2212			

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: 7	
2 FILER NAME DAVID ALBERT ESCAMILLA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/24/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN LEE HILDRETH	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1801 LAVACA, UNIT 12C AUSTIN, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/20/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL S. RUIZ	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 CUMBERLAND ROAD AUSTIN, TX 78704			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/19/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy HERMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4104 NORTH HILLS DR. AUSTIN, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARC & SUZANNE WINKELMAN	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 304 HILLCREST COURT AUSTIN, TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY PEARL WILLIAMS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3503 MT. BARKER DR. AUSTIN, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC; please see instruction guide for additional reporting requirements.</p>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME DAVID ALBERT ESCAMILLA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMPASS PUBLIC AFFAIRS	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 111 CONGRESS AVE., SUITE 1200 AUSTIN, TX 78701			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SANTIAGO S. CORONADO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5602 PALISADE COURT AUSTIN, TX 78731			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONALD EARLE - CAMPAIGN ACCOUNT	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 2092 AUSTIN, TX 78768			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUBRAVKA ROMANO	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4105 SINCLAIR AVE AUSTIN, TX 78756			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/23/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES E. COUSAR	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1110 W. 7th STREET AUSTIN, TX 78703			
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: 7	
2 FILER NAME DAVID ALBERT ESCAMILLA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 9/27/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IVY, CREWS & ELLIOTT, P.C.	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code BUILDING 3, SUITE 200 4601 SPICEWOOD SPRINGS RD. AUSTIN, TX 78759			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 9/24/04	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)	
Date 9/28/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISRAEL DOUG RESENDEZ	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 717 ELGIN, TX 78621			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/6/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHUDEDE FATH	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1005 BLUEBONNET LANE AUSTIN, TX 78704-2003			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/10/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAIN P. WHITWORTH	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 507 W. 10TH 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 CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A: 7
-----------------------------------------------------------	------------------------------------

2 FILER NAME DAVID ALBERT ESCAMILLA	3 ACCOUNT # (Ethics Commission filers)
--------------------------------------------	----------------------------------------

4 Date 9/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAW OFFICE OF SANDRA C. RITZ	7 Amount of contribution (\$) 2,500.00	8 In-kind contribution description (if applicable) Contribution-In Kind OF VENUE, CATERING & BEVERAGES FOR 9/30/04 FUNDRAISER
6 Contributor address; City; State; Zip Code 902 RIO GRANDE AUSTIN, TX 78701			

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
-------------------------------------------------------	--------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
-----------------------------------------------------	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			

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: 2
2 FILER NAME DAVID ALBERT ESCAMILLA		3 ACCOUNT # (Ethics Commission filers)
4 Date 7/16/04	5 Payee name AUSTIN TEJANO DEMOCRATS PAC 6 Payee address; City; State; Zip Code 2544 Stoutwood Cir Austin, Tx 78745	7 Amount (\$) 500.00
8 Purpose of payment (See instructions regarding type of information required.) SPONSORSHIP OF 2004 PUBLIC SERVICE AWARD FUNDRAISER		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 8/26/04	Payee name AFL-CIO Payee address; City; State; Zip Code 1101 LAVACA AUSTIN, TX 78701	Amount (\$) 195.00
Purpose of payment (See instructions regarding type of information required.) COST OF POLITICAL ADVERTISEMENT PUBLISHED IN AFL-CIO LABOR DAY EVENT PROGRAM		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15/04	Payee name JIM RANES Payee address; City; State; Zip Code 1501 BARTON SPRINGS ROAD #233 AUSTIN, TX 78704	Amount (\$) 206.19
Purpose of payment (See instructions regarding type of information required.) COST OF DESIGN AND PRODUCTION SERVICES FOR 9/30/04 POLITICAL CAMPAIGN FUNDRAISER		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/15/04	Payee name KELLY GRAPHICS Payee address; City; State; Zip Code 1322 LOST CREEK BLVD. AUSTIN, TX 78746	Amount (\$) 2,467.96
Purpose of payment (See instructions regarding type of information required.) COST OF PRINTING AND MAILING OF 9/30/04 CAMPAIGN FUNDRAISER INVITATIONS		-- 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

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F: **2**

2 FILER NAME **DAVID ALBERT ESCAMILLA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 9/30/04	5 Payee name TRAVIS COUNTY DEMOCRATIC PARTY 6 Payee address; City; State; Zip Code 706 WEST M.L.K. Jr. BLVD., SUITE 8 AUSTIN, TX 78701	7 Amount (\$) 5000.00
--------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

8 Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SHARE OF COUNTY COORDINATED CAMPAIGN COST - CONTRIBUTION	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Date 10/13/04	Payee name OPINION ANALYSTS Payee address; City; State; Zip Code 906 RIO GRANDE AUSTIN, TX 78701	Amount (\$) 1000.00
-------------------------	-----------------------------------------------------------------------------------------------------------------------------	-------------------------------

Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SHARE OF COORDINATED COUNTY POLLING	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Date 11/03/04	Payee name THE DRISKILL HOTEL Payee address; City; State; Zip Code 604 BRAZOS AUSTIN, TX 78701	Amount (\$) 569.25
-------------------------	---------------------------------------------------------------------------------------------------------------------------	------------------------------

Purpose of payment (See instructions regarding type of information required.) ROOM RENTAL (SUITE) FOR NOVEMBER ELECTION NIGHT VICTORY PARTY	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
-------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

Date 9/30/04	Payee name QUACKERS, INC. Payee address; City; State; Zip Code 5408 AUSTRAL LOOP AUSTIN, TX 78739	Amount (\$) 2800.00
------------------------	------------------------------------------------------------------------------------------------------------------------------	-------------------------------

Purpose of payment (See instructions regarding type of information required.) COST OF DUCK SOUP BAND PERFORMANCE / ENTERTAINMENT FOR 9/30/04 CAMPAIGN FUNDRAISER	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED