

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6036

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:

3

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR.

DAVID

A.

NICKNAME

LAST

SUFFIX

ESCAMILLA

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5703 SPURFLOWER DR, AUSTIN, TX 78759

 Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

338-1269

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR.

DAVID

A.

NICKNAME

LAST

SUFFIX

ESCAMILLA

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5703 SPURFLOWER DR, AUSTIN, TX 78759

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512)

338-1269

9 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)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

01 / 01 / 05

06 / 30 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

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 A. ESCAMILLA** 16 ACCOUNT # (Ethics Commission File)

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"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$ NA
	4. TOTAL POLITICAL EXPENDITURES	\$ 43.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,559.40
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.

D. A. Escamilla

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David A. Escamilla this the 15 day of July, 20 05, to certify which, witness my hand and seal of office.

Chantelle Graham Chantelle Graham Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: **31**

2 FILER NAME

DAVID A. - ESCAMILLA

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/05/05

5 Payee name

Prosperity Bank

6 Payee address; City; State; Zip Code

501 Brazos, AUSTIN, TX 78701-3682

8. Amount (\$)

43.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Bank charge (account statement review)

Date

NA

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED