

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6110

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:

4

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

MR.

DAVID

A.

NICKNAME

LAST

SUFFIX

ESCAMILLA

### OFFICE USE ONLY

Date Received

Date Hand-Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

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 (off candidate only)



July 15



3th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

07 / 01 / 05 THROUGH 12 / 31 / 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)

SAME

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. Campaign dates 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 <b>DAVID A. ESCAMILLA</b>	16 ACCOUNT # (Ethics Commission files)
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17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  <b>NA</b>
	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	\$ 415.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 34,244.40
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.

*D.A.E/K*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla this the 17<sup>th</sup> day of January 2006 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

<b>POLITICAL EXPENDITURES</b>		<b>SCHEDULE F</b>
The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>DAVID A. ESCAMILLA</b>		3 ACCOUNT # (Ethics Commission files)
4 Date <b>08/15/05</b>	5 Payee name <b>AUSTIN AFL-CIO</b> 6 Payee address: City: State: Zip Code <b>AFSCME LOCAL 1624 1016 La Posada, SUITE 285 AUSTIN, TX 78752</b>	7 Amount (\$) <b>115.00</b>
8 Purpose of payment (See instructions regarding type of information required.) <b>1/8 PAGE ADVERTISEMENT IN AFL-CIO LABOR DAY PROGRAM</b>		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: _____ Office sought: _____ Office held: _____
Date <b>11/18/05</b>	Payee name <b>CENTRAL TEXAS EQUAL JUSTICE CENTER</b> Payee address: City: State: Zip Code <b>CENTRAL TEXAS IMMIGRANT WORKERS RIGHTS CENTER 510 S. CONGRESS AVE, SUITE 206, AUSTIN, TX 78704</b>	Amount (\$) <b>200.00</b>
Purpose of payment (See instructions regarding type of information required.) <b>1/2 PAGE ADVERTISEMENT IN CTIWORC 3RD ANNIVERSARY CELEBRATION PROGRAM</b>		** 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: _____
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: _____

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: <b>1</b>
2 FILER NAME <b>DAVID A. ESCAMILLA.</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>11/06/05</b>	5 Payee name <b>SHERRI TIBBE FOR HAYS COUNTY DISTRICT ATTORNEY</b>	8 Amount (\$) <b>100.00</b>
6 Payee address: City: State: Zip Code <b>P.O. Box 1644 Buda, TX 78610</b>		<input checked="" type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) <b>POLITICAL CONTRIBUTION</b>		
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
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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED