

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6655

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) ██████████	2 PAGE # 1 of 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST David MI A. LAST Escamilla SUFFIX	OFFICE USE ONLY Date Received 2008 JAN 14 TRAVIS COUNTY CLERK JOYR 2008 JAN 14 PM 4:44 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5703 Spurflower Austin, TX 78759		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. FIRST David MI A. LAST Escamilla SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 5703 Spurflower Dr Austin, TX 78759		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 338-1269		
8 REPORT TYPE	<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 (officeholder 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)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2007 12/31/2007		
10 ELECTION	ELECTION DATE Month Day Year 03/04/2008	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Travis County Attorney	12 OFFICE SOUGHT (if known) Travis County Attorney	
13 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 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 Escamilla, David (Mr.)

15 ACCOUNT # (Ethics Commission filers)
~~XXXXXXXXXX~~

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

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

\$ 0.00

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

\$ 1,200.00

EXPENDITURE TOTALS

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

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9,396.63

CONTRIBUTION BALANCE

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

\$ 101,632.60

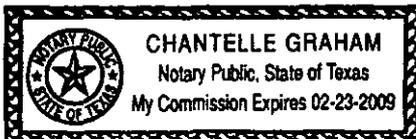
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 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 14th day of Jan., 20 08, to certify which, witness my hand and seal of office.

Chantelle Graham Chantelle Graham Notary
Signature of officer administering oath Print 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 PAGE #
Schedule: 1/1 Report: 3/6

2 FILER NAME Escamilla, David (Mr.)

3 ACCOUNT # (Ethics Commission filers)
██████████

4 Date
09/14/2007

5 Full name of contributor out-of-state PAC (ID# _____)
Baker Botts Amicus Fund

6 Contributor address; City; State; Zip Code
98 San Jacinto Blvd Ste 1500
Austin, TX 78701

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/24/2007

Full name of contributor out-of-state PAC (ID# _____)
Harris, O. H.

Contributor address; City; State; Zip Code
3709 Stevenson Ave
Austin, TX 78703

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/2007

Full name of contributor out-of-state PAC (ID# _____)
Heal, John Jr.

Contributor address; City; State; Zip Code
500 W 13th St
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/06/2007

Full name of contributor out-of-state PAC (ID# _____)
Martinez, Ray III

Contributor address; City; State; Zip Code
500 West 13th St
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/01/2007

Full name of contributor out-of-state PAC (ID# _____)
Munoz, Evangelina

Contributor address; City; State; Zip Code
400 West 15th St Ste 1000
Austin, TX 78701

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 4/6
2 FILER NAME Escamilla, David (Mr.)		3 ACCOUNT # (Ethics Commission filers) ██████████
4 Date 08/29/2007	5 Payee name Austin AFL-CIO 6 Payee address; City; State; Zip Code PO Box 684644 Austin, TX 78768	7 Amount (\$) \$310.00
8 Purpose of payment (See instructions regarding type of information required.) Labor Day Program Advertisement (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/12/2007	Payee name Bill Richardson For President, Inc. Payee address; City; State; Zip Code PO Box 26208 Albuquerque, NM 87125-6208	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/12/2007	Payee name Capital Area Progressive Democrats Payee address; City; State; Zip Code PO Box 801 Austin, TX 78767	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Sponsorship/Membership Drive (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/28/2007	Payee name Doggett for Congress Payee address; City; State; Zip Code PO Box 5843 Austin, TX 78763	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/3 Report: 5/6**2** FILER NAME Escamilla, David (Mr.)**3** ACCOUNT # (Ethics Commission filers)
██████████**4** Date

07/19/2007**5** Payee name
Eddie Rodriguez Campaign**7** Amount
(S)

\$100.00**6** Payee address; City; State; Zip Code
PO Box 2436
Austin, TX 78768**8** Purpose of payment (See instructions regarding type of information required.)

Political Contribution

(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Raines, JimAmount
(S)

09/28/2007

Payee address; City; State; Zip Code
1501 Barton Springs Rd # 233
Austin, TX 78704

\$154.13

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

Graphic Design/Layout Services

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Stanley-Garrison & AssociatesAmount
(S)

07/03/2007

Payee address; City; State; Zip Code
812 San Antonio St Ste G23
Austin, TX 78701

\$4,837.50

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

Consulting

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Stanley-Garrison & AssociatesAmount
(S)

12/06/2007

Payee address; City; State; Zip Code
812 San Antonio St Ste G23
Austin, TX 78701

\$165.00

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

Consulting

(If travel outside of Texas, complete Schedule T) ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 6/6

2 FILER NAME Escamilla, David (Mr.)

3 ACCOUNT # (Ethics Commission filers)
██████████

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
12/17/2007	6 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768	\$750.00

8 Purpose of payment (See instructions regarding type of information required.) Primary Ballot Filing Fee	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Travis County Democratic Party	Amount (\$)
12/31/2007	Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768	\$780.00

Purpose of payment (See instructions regarding type of information required.) Campaign Kickoff Dinner 1/2 Table Sponsorship	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date	Payee name Workers Defense Project	Amount (\$)
09/28/2007	Payee address; City; State; Zip Code PO Box 6423 Austin, TX 78763	\$200.00

Purpose of payment (See instructions regarding type of information required.) Anniversary Fundraiser Program 1/4 page advertisement	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	