

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6909

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: 8			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST David LAST Escamilla	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged </div>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;		CITY;	STATE;	ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 338-1269		EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST David LAST Escamilla		MI A. SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;		CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 338-1269	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 01 / 01 / 08		THROUGH	Month Day Year 06 / 30 / 08		
11 ELECTION	ELECTION DATE Month Day Year 11 / 04 / 08		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) Travis County Attorney		13 OFFICE SOUGHT (if known) Travis County Attorney			
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 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 A. Escamilla** 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political contributions accepted or political expenditures made 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 <input type="checkbox"/> additional pages	COMMITTEE NAME
	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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,314.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 88,968.39
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.

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 15th day of July, 20 08, 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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 3

2 FILER NAME

David A. Escamilla

3 ACCOUNT # (Ethics Commission filers)

4 Date

01/02/08

5 Payee name

Travis County Democratic Party

6 Payee address; City; State; Zip Code

P.O. Box 684263 Austin, TX 78768

7

Amount (\$)

\$ 780.00

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

TCDP Campaign Kickoff - Table Sponsor (1/2)

(If travel outside of Texas, complete Schedule T)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

01/21/08

Payee name

Austin Women's Political Caucus

Payee address; City; State; Zip Code

P.O. Box 12383 Austin, TX 78711

Amount (\$)

\$ 65.00

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

Annual Dues Contribution

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

01/26/08

Payee name

Central Austin Democrats

Payee address; City; State; Zip Code

805 W. 10th St. 101 Austin, TX 78701
c/o Morrison & Associates

Amount (\$)

\$ 100.00

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

Annual Dues Contribution

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

02/06/08

Payee name

Austin Tejano Democrats

Payee address; City; State; Zip Code

2544 Stoutwood Circle Austin, TX 78701

Amount (\$)

\$ 1000.00

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

Annual Convention Sponsorship & Program Advertisement

(If travel outside of Texas, complete Schedule T)

** 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 of 3

2 FILER NAME **David A. Escamilla** 3 ACCOUNT # (Ethics Commission filers)

4 Date 02/27/08	5 Payee name Austin Progressive Coalition PAC 6 Payee address; City; State; Zip Code 1601 Ridgemont Dr. Austin, TX 78723	7 Amount (\$) \$ 1000.00
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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 C/OH ** Candidate / Officeholder name Office sought Office held
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Date 02/29/08	Payee name Sandra Rodriguez Campaign Payee address; City; State; Zip Code 900 Inspiration Dr. Pharr, TX 78577	Amount (\$) \$ 1000.00
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Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 04/04/08	Payee name Rosemary Lehmborg Campaign Payee address; City; State; Zip Code 2606 Dearfoot Trail Austin, TX 78704	Amount (\$) \$ 5000.00
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Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 05/02/08	Payee name Lone Star Awards & Trophies Payee address; City; State; Zip Code 5201 N. Lamar Blvd. Austin, TX 78751	Amount (\$) \$ 219.21
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Purpose of payment (See instructions regarding type of information required.) T-shirts for MADD Benefit March (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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: 3 of 3

2 FILER NAME **David A. Escamilla** 3 ACCOUNT # (Ethics Commission filers)

4 Date 06/30/08	5 Payee name Valinda Bolton Campaign	7 Amount (\$) \$ 1000.00
6 Payee address; City; State; Zip Code 6414 Ira Ingram Austin, TX 78749		

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 C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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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: 1 of 2

2 FILER NAME **David A. Escamilla** 3 ACCOUNT # (Ethics Commission filers)

4 Date 01/23/08	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 7 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 02/22/08	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 03/23/08	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 04/20/08	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date 05/21/08	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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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 of 2

2 FILER NAME **David A. Escamilla** 3 ACCOUNT # (Ethics Commission filers)

4 Date 06/23/08	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P.O. Box 684263 Austin, TX 78768 7 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME David A. Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/01/08	5 Payee name Leadership Austin, Inc. 6 Payee address; City; State; Zip Code 1609 Shoal Creek Blvd. Austin, TX 78723 Suite 202 7 Purpose of expenditure (See instructions regarding type of information required.) Annual Fundraiser: Charitable Donation - Table Sponsorship	8 Amount (\$) \$ 2500.00
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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