

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6910

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00232323	2 PAGE # PH 2: 44 1 of 40
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen	MI MI
	NICKNAME	LAST Huber	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 302495 Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Joseph G.	MI MI
	NICKNAME Gary	LAST Pickle	SUFFIX Mr.
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
110 Las Lomas Austin, TX 78746			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 327-2403			
8 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)		
9 PERIOD COVERED	Month	Day	Year
02/24/2008		THROUGH	06/30/2008
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/04/2008		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Travis County Commissioner
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p>.. 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. ..</p>		
	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 Huber, Karen (Mrs.)

15 ACCOUNT # (Ethics Commission filers)  
00232323

### 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. ...

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	953.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	52,813.01
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### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	179.59
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4. TOTAL POLITICAL EXPENDITURES	\$	26,376.01
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### CONTRIBUTION BALANCE

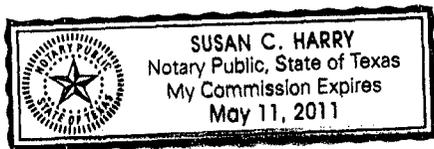
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	38,248.29
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### OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00
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### 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.



*Karen Huber*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Huber, this the 31<sup>st</sup> day of July, 2008, to certify which, witness my hand and seal of office.

*Susan C. Harry*  
Signature of officer administering oath

Susan C. Harry  
Print name of officer administering oath

Notary  
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: 1/23 Report: 3/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  06/28/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert, Katherine  6 Contributor address; City; State; Zip Code 5308 Great Divide Dr. Bee Cave, TX 78738	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  06/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ausley, Robbie  Contributor address; City; State; Zip Code 3707 Laurel Ledge Lane Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  03/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Firefighters PAC  Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Patricia  Contributor address; City; State; Zip Code 5705 Scout Island Cove Austin, TX 78731	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert (Mr.)  Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Rancher		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions) Self-employed			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/23 Report: 4/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  05/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Banks, Jacquie  6 Contributor address; City; State; Zip Code 23415-1 Perdenales Canyon Trl. Spicewood, TX 78669	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  06/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Ben  Contributor address; City; State; Zip Code 98 San Jacinto Blvd., Suite 250 Austin, TX 78701	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Patricia  Contributor address; City; State; Zip Code 2901 Bee Caves Rd Suite D Austin, TX 78746	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beall, Jonathan  Contributor address; City; State; Zip Code 2001 Justin Lane Austin, TX 78757	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beilharz, David  Contributor address; City; State; Zip Code 1223 Paleface Ranch Rd. S Spicewood, TX 78669	Amount of contribution (\$)  \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/23 Report: 5/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  03/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benkoski, Harold  6 Contributor address; City; State; Zip Code 2300 Barton Creek Blvd., Apt. 3 Austin, TX 78735	7 Amount of contribution (\$)  \$75.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beveridge, Bert  Contributor address; City; State; Zip Code PO Box 17067 Austin, TX 78760	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biggs, Glenn  Contributor address; City; State; Zip Code #2 Glendalough Court San Antonio, TX 78209	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biggs, Neva & Bill  Contributor address; City; State; Zip Code 24105 Pedernales Cliff Trail Spicewood, TX 78669	Amount of contribution (\$)  \$490.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) construction		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Billups, Leann  Contributor address; City; State; Zip Code 1805 Brookhaven Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/23 Report: 6/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  05/21/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Block, Susan  6 Contributor address; City; State; Zip Code 4909 Timberline Dr. Austin, TX 78746	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  04/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blodgett, Terrell  Contributor address; City; State; Zip Code 1801 Lavaca, #13-E Austin, TX 78701	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bloom, Virginia  Contributor address; City; State; Zip Code 5618 Medicine Creek Drive Austin, TX 78735	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, George  Contributor address; City; State; Zip Code 8812 Mesa Dr. Austin, TX 78759	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, Valarie  Contributor address; City; State; Zip Code 512 Bulian Lane Austin, TX 78746	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/23 Report: 8/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  04/29/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cahill, Hazel  6 Contributor address; City; State; Zip Code 3409 Bee Creek Rd Spicewood, TX 78669	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Jane  Contributor address; City; State; Zip Code 4216 Cypress Trail Spicewood, TX 78669	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Jane  Contributor address; City; State; Zip Code 4216 Cypress Trail Spicewood, TX 78669	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capital Area Democratic Women PAC  Contributor address; City; State; Zip Code P.O. Box 12962 Austin, TX 78711	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr & Smith Dental PLLC  Contributor address; City; State; Zip Code 7007 Hart Lane Austin, TX 78731	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/23 Report: 9/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  05/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Jack  6 Contributor address; City; State; Zip Code 1408 Mohle Dr. Austin, TX 78703	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Conradt, Jody  Contributor address; City; State; Zip Code 9614 Leaning Rock Circle Austin, TX 78730	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corkran, Dennis (Mr.)  Contributor address; City; State; Zip Code 8333 Talbot Lane Austin, TX 78746	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable) item for silent auction
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Oil & Gas Producer		Employer (See Instructions) Corkran Energy	
Date  03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corkran, Peggy  Contributor address; City; State; Zip Code 8333 Talbot Lane Austin, TX 78746	Amount of contribution (\$)  \$430.00	In-kind contribution description (if applicable) Event Expenses
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Damuth, Steven  Contributor address; City; State; Zip Code PO Box 684909 Austin, TX 78768	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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

**1** PAGE #  
Schedule: 8/23 Report: 10/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/24/2008 Daughety, Ann

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

**6** Contributor address; City; State; Zip Code  
4001 Eagles Landing Cove  
Austin, TX 78735

\$90.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
02/24/2008 Daughety, Ann

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

Contributor address; City; State; Zip Code  
4001 Eagles Landing Cove  
Austin, TX 78735

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/26/2008 Deaton, Florence

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

Contributor address; City; State; Zip Code  
2255 Kent Dr.  
Largo, FL 33774

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/26/2008 Denner, Paul

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

Contributor address; City; State; Zip Code  
102 Stoney Creek Cove  
Lakeway, TX 78734

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/28/2008 Dwight, Diane

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

Contributor address; City; State; Zip Code  
25315 Hwy 71 W  
Spicewood, TX 78669

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/23 Report: 11/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  05/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwight, Diane  6 Contributor address; City; State; Zip Code 25315 Hwy 71 W Spicewood, TX 78669	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date  05/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farabee, Mary Margaret  Contributor address; City; State; Zip Code 2702 Rockingham Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  06/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farabee, Mary Margaret  Contributor address; City; State; Zip Code 2702 Rockingham Austin, TX 78704	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/14/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fatzner, Jill  Contributor address; City; State; Zip Code 2003 Red Fox Rd. Austin, TX 78734	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date  05/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Carol  Contributor address; City; State; Zip Code 10 Woodstone Sq Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/23 Report: 13/40

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)  
00232323

4 Date

04/29/2008

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Grukke, Laura

6 Contributor address; City; State; Zip Code  
3601 Bee Creek  
Spicewood, TX 78669

7 Amount of  
contribution (\$)

\$166.67

8 In-kind contribution  
description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/06/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hamilton, Berry

Contributor address; City; State; Zip Code  
2474 Crescent Park Court  
Atlanta, GA 30339

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/03/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hartman, Elizabeth

Contributor address; City; State; Zip Code  
6206 Bon Terra Drive  
Austin, TX 78731

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/27/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hawn, Reed

Contributor address; City; State; Zip Code  
3605 Steck Ave., #1083  
Austin, TX 78759

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/21/2008

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Heil, Wayne

Contributor address; City; State; Zip Code  
10821 West Cave Loop  
Dripping Springs, TX 78620

Amount of  
contribution (\$)

\$100.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/23 Report: 14/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

**4** Date  
  
05/21/2008

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hinton, John

**6** Contributor address; City; State; Zip Code  
2 Jeffrey Cove  
Austin, TX 78746

**7** Amount of contribution (\$)  
  
\$100.00

**8** In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Hook, Alan

03/26/2008

Contributor address; City; State; Zip Code  
804 S. Center Street  
Austin, TX 78704

Amount of contribution (\$)  
  
\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
House, Candice

05/05/2008

Contributor address; City; State; Zip Code  
13412 Saddleback Pass  
Austin, TX 78738

Amount of contribution (\$)  
  
\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
House, Candice

05/21/2008

Contributor address; City; State; Zip Code  
13412 Saddleback Pass  
Austin, TX 78738

Amount of contribution (\$)  
  
\$600.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Jones, Amy

04/29/2008

Contributor address; City; State; Zip Code  
2200 Bright Cove  
Austin, TX 78669

Amount of contribution (\$)  
  
\$166.67

In-kind contribution description (if applicable)  
event expenses

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 13/23 Report: 15/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  05/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith, Barker  6 Contributor address; City; State; Zip Code P.O. Box 342348 Lakeway, TX 78734	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keithly, Roy  Contributor address; City; State; Zip Code 3736 Bee Caves, #4-173 Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  03/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kelsey, Mavis Jr.  Contributor address; City; State; Zip Code 3417 Milam Suite A Houston, TX 77002	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Langmore, John  Contributor address; City; State; Zip Code 1408 Preston Lane Austin, TX 78703	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lasater, Marceline  Contributor address; City; State; Zip Code 3703 Robbins Rd. Austin, TX 78730	Amount of contribution (\$)  \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/23 Report: 17/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  04/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lyon, Barry  6 Contributor address; City; State; Zip Code 2209 Southern Oaks Dr. Austin, TX 78745	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maresh, Frank  Contributor address; City; State; Zip Code 1887 Hwy. 39 Hunt, TX 78024	Amount of contribution (\$)  \$1,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  03/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Esther  Contributor address; City; State; Zip Code P. O. Box 5710 Austin, TX 78763	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCormick, Esther  Contributor address; City; State; Zip Code P. O. Box 5710 Austin, TX 78763	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  04/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCreary, Frank III  Contributor address; City; State; Zip Code 2300 First City Tower 1001 Fannin Houston, TX 77002	Amount of contribution (\$)  \$400.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.			<b>1</b> PAGE # Schedule: 17/23 Report: 19/40		
<b>2</b> FILER NAME Huber, Karen (Mrs.)			<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323		
<b>4</b> Date  04/29/2008	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Muse, Christine	<b>6</b> Contributor address; City; State; Zip Code 3300 Crosswind Drive Spicewood, TX 78669	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)			<b>10</b> Employer (See Instructions)		
Date  03/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newton, Fred	Contributor address; City; State; Zip Code 701 Rolling Green Drive Austin, TX 78734	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  02/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norwood, Larry	Contributor address; City; State; Zip Code 4500 Eagles Landing Dr. Austin, TX 78735	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Bettye	Contributor address; City; State; Zip Code 3327 Far View Dr. Austin, TX 78730	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date  06/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pennington, Ann	Contributor address; City; State; Zip Code 128 Clarence Court Buda, TX 78610	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/23 Report: 20/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  03/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Penridge, Eleanor  6 Contributor address; City; State; Zip Code 15100 Hamilton Pool Rd. Austin, TX 78738	7 Amount of contribution (\$)  \$200.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  06/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Penridge, Eleanor (Ms.)  Contributor address; City; State; Zip Code 15100 Hamilton Pool Rd Austin, TX 78738-7619	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, David  Contributor address; City; State; Zip Code 6316 Thomas Springs Rd. Austin, TX 78736	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, James  Contributor address; City; State; Zip Code 25008 Perdarnales Canyon Trail Spicewood, TX 78669	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pickle, Jan  Contributor address; City; State; Zip Code 110 Las Lomas Austin, TX 78746	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/23 Report: 22/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  04/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Pamela  6 Contributor address; City; State; Zip Code 3511 Westlake Dr. Austin, TX 78746	7 Amount of contribution (\$)  \$15,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  06/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert  Contributor address; City; State; Zip Code 6101 Mount Villa Cove Austin, TX 78731	Amount of contribution (\$)  \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary  Contributor address; City; State; Zip Code 704 Carolyn Avenue Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Santini, Fern  Contributor address; City; State; Zip Code 1412 Ethridge Austin, TX 78703	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidli, Lisette  Contributor address; City; State; Zip Code 3656 Ranch Creek Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/23 Report: 23/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  03/27/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schweizer, Connie  6 Contributor address; City; State; Zip Code 9737 Elmcrest Dr. Dallas, TX 75238	7 Amount of contribution (\$)  \$500.00	8 In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schweppe Scott, Jane  Contributor address; City; State; Zip Code 13500 Pecan Dr Austin, TX 78734	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Environmental Democrats  Contributor address; City; State; Zip Code PO Box 5674 Austin, TX 78763	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tuerff, Kevin  Contributor address; City; State; Zip Code 5235 McCormick Mountain Dr. Austin, TX 78734	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/29/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Uecker, Janet  Contributor address; City; State; Zip Code 19720 Cordill Lane Spicewood, TX 78669	Amount of contribution (\$)  \$166.67	In-kind contribution description (if applicable) event expenses     (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/23 Report: 24/40	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  06/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Uecker, Janet  6 Contributor address; City; State; Zip Code 19720 Cordill Lane Spicewood, TX 78669	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  03/25/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Upshaw, Caren  Contributor address; City; State; Zip Code 1715 Channel Drive Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/23/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Lee  Contributor address; City; State; Zip Code 4206 Avenue G Austin, TX 78751	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  06/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wallingford, Jeff  Contributor address; City; State; Zip Code 13 Ehrlich Rd Austin, TX 78746	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Warneke, Jean  Contributor address; City; State; Zip Code P.O. Box 32388 Austin, TX 78768	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 23/23 Report: 25/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

**4** Date **5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
06/28/2008 Weston, Leslie

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

**6** Contributor address; City; State; Zip Code  
5844 Van Winkle Lane  
Austin, TX 78739

\$100.00

(If travel outside of Texas, complete Schedule T)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/08/2008 White, Kelly

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

Contributor address; City; State; Zip Code  
11 Sundown Parkway  
Austin, TX 78746

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/08/2008 Word, Brown

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

Contributor address; City; State; Zip Code  
3205 El Toro Cove  
Austin, TX 78746

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
05/21/2008 Yates, Ira

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

Contributor address; City; State; Zip Code  
5711 Highway 45  
Austin, TX 78739

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
04/29/2008 Young, Gregory

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

Contributor address; City; State; Zip Code  
2441 Crosswinds Drive  
Spicewood, TX 78669

\$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: 1/11 Report: 27/40**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date  03/11/2008	<b>5</b> Payee name Austin Chronicle  <b>6</b> Payee address; City; State; Zip Code PO Box 302495 Austin, TX 78703	<b>7</b> Amount (\$)  \$749.00
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) advertising  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/29/2008	Payee name Austin Strategies  Payee address; City; State; Zip Code 1627 Barton Springs Rd. Austin, TX 78704	Amount (\$)  \$1,500.00
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Purpose of payment (See instructions regarding type of information required.) consulting / data  (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:
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Date  03/24/2008	Payee name Brown, George  Payee address; City; State; Zip Code 13 Champions Lane Lakeway, TX 78734	Amount (\$)  \$3,000.00
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Purpose of payment (See instructions regarding type of information required.) contract labor  (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:
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Date  03/11/2008	Payee name Butts, David  Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	Amount (\$)  \$2,500.00
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Purpose of payment (See instructions regarding type of information required.) consulting  (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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/11 Report: 28/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date	<b>5</b> Payee name Central Market	<b>7</b> Amount (\$)
05/21/2008	<b>6</b> Payee address; City; State; Zip Code 4001 N. Lamar Austin, TX 78756	\$146.14

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

Date	Payee name Checkmark Typesetting	Amount (\$)
03/03/2008	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, TX 78722	\$255.47

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

Date	Payee name Constant Contact	Amount (\$)
02/24/2008	Payee address; City; State; Zip Code 1601 Trapelo Road, Suite 329 Waltham, MA 02451	\$31.88

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

Date	Payee name Constant Contact	Amount (\$)
04/09/2008	Payee address; City; State; Zip Code 1601 Trapelo Road, Suite 329 Waltham, MA 02451	\$31.88

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

# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/11 Report: 29/40
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date  03/31/2008	<b>5</b> Payee name Cybersource  <b>6</b> Payee address; City; State; Zip Code 1295 Charleston Rd. Mountain View, CA 94043	<b>7</b> Amount (\$)  \$204.12
<b>8</b> Purpose of payment (See instructions regarding type of information required.) credit card processing fees  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/30/2008	Payee name Cybersource  Payee address; City; State; Zip Code 1295 Charleston Rd. Mountain View, CA 94043	Amount (\$)  \$37.06
Purpose of payment (See instructions regarding type of information required.) credit card processing fees  (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  05/31/2008	Payee name Cybersource  Payee address; City; State; Zip Code 1295 Charleston Rd. Mountain View, CA 94043	Amount (\$)  \$28.25
Purpose of payment (See instructions regarding type of information required.) credit card processing fees  (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  06/30/2008	Payee name Cybersource  Payee address; City; State; Zip Code 1295 Charleston Rd. Mountain View, CA 94043	Amount (\$)  \$46.51
Purpose of payment (See instructions regarding type of information required.) credit card processing fees  (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: 4/11 Report: 30/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date  03/11/2008	<b>5</b> Payee name Educational Marketing Group  <b>6</b> Payee address; City; State; Zip Code 6101 West Courtyard Dr., Ste. 2-120 Austin, TX 78730	<b>7</b> Amount (\$)  \$904.97
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) graphic design  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/29/2008	Payee name Fischer, Adrienne  Payee address; City; State; Zip Code 6107 Mesa Drive Austin, TX 78731	Amount (\$)  \$600.00
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Purpose of payment (See instructions regarding type of information required.) contract labor  (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:
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Date  03/11/2008	Payee name Fischer, Adrienne  Payee address; City; State; Zip Code 6107 Mesa Drive Austin, TX 78731	Amount (\$)  \$300.00
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Purpose of payment (See instructions regarding type of information required.) contract labor  (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:
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Date  02/24/2008	Payee name Kinko's  Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$)  \$18.95
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Purpose of payment (See instructions regarding type of information required.) copies  (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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/11 Report: 31/40
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date  03/14/2008	<b>5</b> Payee name Kinko's  <b>6</b> Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	<b>7</b> Amount (\$)  \$6.45
<b>8</b> Purpose of payment (See instructions regarding type of information required.) copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  04/11/2008	Payee name Kinko's  Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$)  \$8.06
Purpose of payment (See instructions regarding type of information required.) copies  (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  05/06/2008	Payee name Kinko's  Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$)  \$38.72
Purpose of payment (See instructions regarding type of information required.) copies  (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  05/06/2008	Payee name Kinko's  Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$)  \$19.36
Purpose of payment (See instructions regarding type of information required.) copies  (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: 6/11 Report: 32/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date	<b>5</b> Payee name Kinko's	<b>7</b> Amount (\$)
05/08/2008	<b>6</b> Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	\$4.83

<b>8</b> Purpose of payment (See instructions regarding type of information required.) copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Kinko's	<b>Amount (\$)</b>
05/21/2008	<b>Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd. Austin, TX 78746	\$19.94

<b>Purpose of payment (See instructions regarding type of information required.)</b> copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Kinko's	<b>Amount (\$)</b>
06/17/2008	<b>Payee address; City; State; Zip Code</b> 3300 Bee Caves Rd. Austin, TX 78701	\$14.77

<b>Purpose of payment (See instructions regarding type of information required.)</b> copies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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<b>Date</b>	<b>Payee name</b> Magic Valley Distribution	<b>Amount (\$)</b>
05/07/2008	<b>Payee address; City; State; Zip Code</b> 3709 Promontory Point Dr. Ste. 206 Austin, TX 78744	\$253.20

<b>Purpose of payment (See instructions regarding type of information required.)</b> mailing services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

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

**1** PAGE #  
Schedule: 7/11 Report: 33/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date	<b>5</b> Payee name Michael's	<b>7</b> Amount (\$)
05/29/2008	<b>6</b> Payee address; City; State; Zip Code 12720 Shops Parkway Bee Cave, TX 78738	\$35.12

<b>8</b> Purpose of payment (See instructions regarding type of information required.) supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name O-K Paper	Amount (\$)
03/04/2008	Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX 78701	\$75.04

Purpose of payment (See instructions regarding type of information required.) paper  (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:
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Date	Payee name O-K Paper	Amount (\$)
03/11/2008	Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX 78701	\$35.12

Purpose of payment (See instructions regarding type of information required.) paper  (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:
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Date	Payee name O-K Paper	Amount (\$)
05/06/2008	Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX 78701	\$319.34

Purpose of payment (See instructions regarding type of information required.) paper  (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:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/11 Report: 34/40
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date  04/25/2008	5 Payee name Ramos, Sandra  6 Payee address; City; State; Zip Code 5201 Valley Oak Dr. Austin, TX 78731	7 Amount (\$)  \$1,000.00
8 Purpose of payment (See instructions regarding type of information required.) campaign management  (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  05/15/2008	Payee name Ramos, Sandra  Payee address; City; State; Zip Code 5201 Valley Oak Dr. Austin, TX 78731	Amount (\$)  \$2,000.00
Purpose of payment (See instructions regarding type of information required.) campaign management  (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  05/31/2008	Payee name Ramos, Sandra  Payee address; City; State; Zip Code 5201 Valley Oak Dr. Austin, TX 78731	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) campaign management  (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  06/15/2008	Payee name Ramos, Sandra  Payee address; City; State; Zip Code 5201 Valley Oak Dr. Austin, TX 78731	Amount (\$)  \$1,500.00
Purpose of payment (See instructions regarding type of information required.) campaign management  (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: 9/11 Report: 35/40**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00232323

4 Date	5 Payee name	7 Amount (\$)
05/21/2008	Ridgway's ..... <b>6</b> Payee address; City; State; Zip Code 615 S. Lamar Austin, TX 78704	\$64.95
<b>8</b> Purpose of payment (See instructions regarding type of information required.) printing  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
05/19/2008	Sternberg, Rick ..... Payee address; City; State; Zip Code 24815 Hamilton Pool Rd. Round Mountain, TX 78663	\$648.48
Purpose of payment (See instructions regarding type of information required.) web production  (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:
02/25/2008	Susan Harry Consulting ..... Payee address; City; State; Zip Code 2520 Longview Street Suite 313 Austin, TX 78705	\$2,530.22
Purpose of payment (See instructions regarding type of information required.) Consulting / Email service  (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:
04/01/2008	Susan Harry Consulting ..... Payee address; City; State; Zip Code 2520 Longview Street Suite 313 Austin, TX 78705	\$2,500.00
Purpose of payment (See instructions regarding type of information required.) Consulting  (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: 10/11 Report: 36/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT # (Ethics Commission filers)  
00232323

<b>4</b> Date	<b>5</b> Payee name Susan Harry Consulting	<b>7</b> Amount (\$)
05/15/2008	<b>6</b> Payee address; City; State; Zip Code 2520 Longview Street Suite 313 Austin, TX 78705	\$750.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Consulting	<b>9</b> ** 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 Susan Harry Consulting	Amount (\$)
06/02/2008	Payee address; City; State; Zip Code 2520 Longview Street Suite 313 Austin, TX 78705	\$877.50

Purpose of payment (See instructions regarding type of information required.) Consulting / printing expenses	** 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 U.S. Post Office-Central Park West Station	Amount (\$)
03/03/2008	Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	\$164.00

Purpose of payment (See instructions regarding type of information required.) postage	** 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 U.S. Post Office-Central Park West Station	Amount (\$)
03/11/2008	Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	\$123.00

Purpose of payment (See instructions regarding type of information required.) postage	** 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"/>	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 11/11 Report: 37/40
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date 05/08/2008	<b>5</b> Payee name U.S. Post Office-Central Park West Station  <b>6</b> Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	<b>7</b> Amount (\$)  \$543.80
<b>8</b> Purpose of payment (See instructions regarding type of information required.) postage  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date 05/13/2008	Payee name U.S. Post Office-Central Park West Station  Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	Amount (\$)  \$27.00
Purpose of payment (See instructions regarding type of information required.) postage  (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 05/24/2008	Payee name U.S. Post Office-Central Park West Station  Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	Amount (\$)  \$22.68
Purpose of payment (See instructions regarding type of information required.) postage  (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 06/16/2008	Payee name U.S. Post Office-Central Park West Station  Payee address; City; State; Zip Code Lamar Blvd. Austin, TX 78703	Amount (\$)  \$42.00
Purpose of payment (See instructions regarding type of information required.) postage  (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 MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/3 Report: 38/40
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date 05/15/2008	<b>5</b> Payee name Angel's Icehouse <hr/> <b>6</b> Payee address; City; State; Zip Code 21815 Hwy 71 W Spicewood, TX 78669  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) campaign lunch meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> Amount (\$)  \$33.46  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 06/09/2008	Payee name Constant Contact <hr/> Payee address; City; State; Zip Code 1601 Trapelo Road, Suite 329 Waltham, MA 02451  Purpose of expenditure (See instructions regarding type of information required.) email service  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$31.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/24/2008	Payee name Jason's Deli <hr/> Payee address; City; State; Zip Code 3300 Bee Cave Rd # 150 Austin, TX 78746  Purpose of expenditure (See instructions regarding type of information required.) campaign lunch meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$26.33  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 03/08/2008	Payee name La Cabana <hr/> Payee address; City; State; Zip Code 21103 W Hwy 71 Spicewood, TX 78669  Purpose of expenditure (See instructions regarding type of information required.) election night event expenses  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$296.98  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 04/29/2008	Payee name Lowe's <hr/> Payee address; City; State; Zip Code 12611:Shops Pkwy # 100 Austin, TX 78746  Purpose of expenditure (See instructions regarding type of information required.) campaign gifts  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	Amount (\$)  \$42.12  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

**1** PAGE #

Schedule: 2/3 Report: 39/40

**2** FILER NAME Huber, Karen (Mrs.)

**3** ACCOUNT #  
00232323

(Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
05/23/2008	Michael's ----- <b>6</b> Payee address; City; State; Zip Code 12720 Shops Parkway Bee Cave, TX 78738  <b>7</b> Purpose of expenditure (See instructions regarding type of information required.) event supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$68.91  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
06/09/2008	Oak Hill Business Professionals ----- <b>6</b> Payee address; City; State; Zip Code 4505 Grider Pass Austin, TX 78749  Purpose of expenditure (See instructions regarding type of information required.) membership dues  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$50.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/14/2008	Office Max ----- <b>6</b> Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703  Purpose of expenditure (See instructions regarding type of information required.) office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$30.29  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
04/29/2008	Office Max ----- <b>6</b> Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703  Purpose of expenditure (See instructions regarding type of information required.) office supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$4.86  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
05/18/2008	Sam's Club ----- <b>6</b> Payee address; City; State; Zip Code 4970 Hwy 290 West Austin, TX 78735  Purpose of expenditure (See instructions regarding type of information required.) campaign supplies  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	\$39.84  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 40/40
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date	<b>5</b> Payee name Satellite Cafe	<b>8</b> Amount (\$)
05/13/2008	<b>6</b> Payee address; City; State; Zip Code 7101 Hwy 71 West, Suite E-1 Austin, TX 78735	\$24.66
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) campaign meeting  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name The Lighthouse	Amount (\$)
04/27/2008	Payee address; City; State; Zip Code 301 Lake Travis Resort Rd. Spicewood, TX 78669	\$69.28
	Purpose of expenditure (See instructions regarding type of information required.) campaign lunch  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended