

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

6951

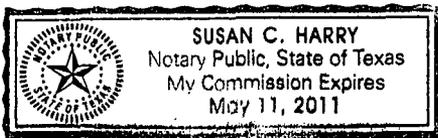
1 ACCOUNT #		2 Total pages filed: 15		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Ms.	FIRST Karen	MI	Date Received
		NICKNAME	LAST Huber	SUFFIX	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount
		<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Legal
5 ORIGINAL PERIOD COVERED		Month 01 Day 25 Year 2008	THROUGH	Month 02 Day 23 Year 2008	Totals
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

Prior to this filing a new Treasurer had been appointed, but the new Treasurer's name was inadvertently not included on Page 1 of this report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.



Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Karen Huber

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Karen Huber this the 21st day of August, 2008.

Susan HARRY to certify which, witness my hand and seal of office.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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. ..

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 650.00
---	-----------

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,511.28
--	--------------

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 308.69
--	-----------

4. TOTAL POLITICAL EXPENDITURES	\$ 31,307.33
---------------------------------	--------------

CONTRIBUTION BALANCE

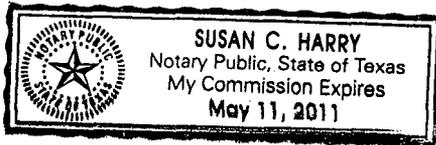
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 13,217.85
--	--------------

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
---	---------

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 29th day of August, 2008, to certify which, witness my hand and seal of office.

Susan Harry
Signature of officer administering oath

Susan 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: 1/8 Report: 3/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
02/19/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Akins, Pamela

6 Contributor address; City; State; Zip Code
1025 Marly Way
Austin, TX 78733

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

\$200.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
02/23/2008

Full name of contributor out-of-state PAC (ID# _____)
Ayres, Patricia

Contributor address; City; State; Zip Code
5705 Scout Island Cove
Austin, TX 78731

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

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
retired

Date
02/13/2008

Full name of contributor out-of-state PAC (ID# _____)
Bain, Shelly

Contributor address; City; State; Zip Code
2604 Rollingwood Dr.
Austin, TX 78746

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/22/2008

Full name of contributor out-of-state PAC (ID# _____)
Biggs, Neva & Bill

Contributor address; City; State; Zip Code
24105 Pedemales Cliff Trail
Spicewood, TX 78669

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

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
construction

Employer (See Instructions)
self

Date
02/19/2008

Full name of contributor out-of-state PAC (ID# _____)
Bonner, Cathy

Contributor address; City; State; Zip Code
22 Marganita Crescent
Austin, TX 78703

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

\$200.00

(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: 2/8 Report: 4/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
02/19/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Braniff, Wendall

7 Amount of contribution (\$) | 6 in-kind contribution description (if applicable)
\$100.00 |

6 Contributor address; City; State; Zip Code
10625 Legends Lane
Austin, TX 78747

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
02/18/2008

Full name of contributor out-of-state PAC (ID# _____)
Bridges, Russell

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

Contributor address; City; State; Zip Code
6405 Cascada Dr.
Austin, TX 78750

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2008

Full name of contributor out-of-state PAC (ID# _____)
Bristol, Valarie

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

Contributor address; City; State; Zip Code
512 Bulian Lane
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/20/2008

Full name of contributor out-of-state PAC (ID# _____)
Christian, Jo Anne

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

Contributor address; City; State; Zip Code
7905 Moritz Lane
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2008

Full name of contributor out-of-state PAC (ID# _____)
Coburn, Kathleen

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

Contributor address; City; State; Zip Code
7960 Mesa Trails Circle
Austin, TX 78731

(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: 3/8 Report: 5/15	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 01/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collins, Nancy 6 Contributor address; City; State; Zip Code 1408 Mohle Dr. Austin, TX 78703	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 02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Robert Contributor address; City; State; Zip Code 3607 Pinnacle Rd. Austin, TX 78746	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 02/21/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deaton, Florence Contributor address; City; State; Zip Code 2255 Kent Dr. Largo, FL 33774	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 02/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Emanuel, Victor Contributor address; City; State; Zip Code 1507 Alameda Austin, TX 78704	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 02/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fason, Maydelle Contributor address; City; State; Zip Code 1607 Pogunock Austin, TX 78703	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/8 Report: 6/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
02/22/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Fatzer, Sylvia

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

02/22/2008

6 Contributor address; City; State; Zip Code
2003 Red Fox Rd.
Austin, TX 78734

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
02/11/2008

Full name of contributor out-of-state PAC (ID# _____)
Ford Smith Investment

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

02/11/2008

Contributor address; City; State; Zip Code
PO Box 6156
Austin, TX 78762

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/04/2008

Full name of contributor out-of-state PAC (ID# _____)
Friday, Philip

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

02/04/2008

Contributor address; City; State; Zip Code
700 Lavaca
Suite 1150
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/19/2008

Full name of contributor out-of-state PAC (ID# _____)
Gilles, Janet

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

02/19/2008

Contributor address; City; State; Zip Code
1212 Guadalupe #502
Austin, TX 78701

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/15/2008

Full name of contributor out-of-state PAC (ID# _____)
Ladd, Clifton

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

02/15/2008

Contributor address; City; State; Zip Code
1509 Newning Ave.
Austin, TX 78704

\$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: 5/8 Report: 7/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
02/14/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Lebermann, Lowell Jr. (Mr.)

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

6 Contributor address; City; State; Zip Code
3834 Promontory Point Dr.
Austin, TX 78744-1100

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Chairman of the Board

10 Employer (See Instructions)
Centex Beverage, Inc.

Date
02/17/2008

Full name of contributor out-of-state PAC (ID# _____)
Logan, Kelly

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

Contributor address; City; State; Zip Code
8510 Bargamin Dr.
Austin, TX 78736

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/26/2008

Full name of contributor out-of-state PAC (ID# _____)
London, Alice

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

Contributor address; City; State; Zip Code
101 Ridgmont Court
Austin, TX 78746

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
Bishop, London & Dodds

Date
02/07/2008

Full name of contributor out-of-state PAC (ID# _____)
Lowenthal, Eugene I. (Mr.)

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

Contributor address; City; State; Zip Code
9600 Crumley Ranch Rd.
Austin, TX 78738-6011

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/20/2008

Full name of contributor out-of-state PAC (ID# _____)
Mattsson, Chris

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

Contributor address; City; State; Zip Code
3300 Bee Caves Rd.
Austin, TX 78746

\$2,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
community volunteer

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/8 Report: 8/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
01/27/2008 McAtee, Lynda

6 Contributor address; City; State; Zip Code
7400 Seneca Falls Loop
Austin, TX 78739

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

\$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# _____)
02/20/2008 Nowlin, Bettye

Contributor address; City; State; Zip Code
PO Box 684489
Austin, TX 78768

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

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
community volunteer

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
02/22/2008 Phillips, James (Mr.)

Contributor address; City; State; Zip Code
25008 Pedernales Canyon Trail
Spicewood, TX 78669

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
02/19/2008 Pinnelli, Janis (Mrs.)

Contributor address; City; State; Zip Code
P.O. Box 50038
Austin, TX 78763

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

\$400.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
General Contractor

Employer (See Instructions)
Self Employed

Date Full name of contributor out-of-state PAC (ID# _____)
02/20/2008 Reed, Pamela

Contributor address; City; State; Zip Code
1503 Harbor View
Austin, TX 78746

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/8 Report: 9/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
02/13/2008 Reese, Pamela (Mrs.)

6 Contributor address; City; State; Zip Code
3511 Westlake Dr.
Austin, TX 78746-1610

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

\$346.28

(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# _____)
02/20/2008 Soifer, Jan

Contributor address; City; State; Zip Code
5408 Hurlock Dr.
Austin, TX 78731

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
01/25/2008 Stephens, Patty

Contributor address; City; State; Zip Code
3901 Westlake
Austin, TX 78746

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
02/01/2008 Sternberg, Rick

Contributor address; City; State; Zip Code
24815 Hamilton Pool Rd.
Round Mountain, TX 78663

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

\$3,565.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
AIM Productions

Date Full name of contributor out-of-state PAC (ID# _____)
02/21/2008 Walden, Elizabeth

Contributor address; City; State; Zip Code
813 Sunfish St.
Lakeway, TX 78734

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/8 Report: 10/15

2 FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)

00232323

4 Date

02/19/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Wetzels, Pamela**6** Contributor address; City; State; Zip Code
4807 Placed Place
Austin, TX 78731**7** Amount of
contribution (\$)

\$200.00

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)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 11/15
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 02/06/2008	5 Payee name American Campaign Signs & Graphics 6 Payee address; City; State; Zip Code PO Box 1181 Pittsburg, TX 75686	7 Amount (\$) \$4,833.64
8 Purpose of payment (See instructions regarding type of information required.) yard signs (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 02/12/2008	Payee name American Campaign Signs & Graphics Payee address; City; State; Zip Code PO Box 1181 Pittsburg, TX 75686	Amount (\$) \$4,644.69
Purpose of payment (See instructions regarding type of information required.) yard signs (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 02/12/2008	Payee name Asian American Progress PAC Payee address; City; State; Zip Code PO Box 4560 Austin, TX 78765	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) event sponsorship (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 02/15/2008	Payee name Austin Chronicle Payee address; City; State; Zip Code PO Box 302495 Austin, TX 78703	Amount (\$) \$749.00
Purpose of payment (See instructions regarding type of information required.) advertising (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES

SCHEDULE F

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

1 PAGE #
Schedule: 2/5 Report: 12/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name Brunt, Chris (Mr.)	7 Amount (\$)
01/25/2008	6 Payee address; City; State; Zip Code 2408 Manor Rd Apt. 212 Austin, TX	\$1,600.00

8 Purpose of payment (See instructions regarding type of information required.) Contract Labor & cell phone stipend (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	Payee name Fischer, Adrienne	Amount (\$)
02/21/2008	Payee address; City; State; Zip Code 6107 Mesa Drive Austin, TX 78731	\$600.00

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:
---	--

Date	Payee name Goss, Delwin	Amount (\$)
02/12/2008	Payee address; City; State; Zip Code 6410 Ponca Austin, TX 78741	\$1,475.00

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:
---	--

Date	Payee name Goss, Delwin	Amount (\$)
02/15/2008	Payee address; City; State; Zip Code 6410 Ponca Austin, TX 78741	\$100.00

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:
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/5 Report: 13/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name Home Depot	7 Amount (\$)
02/04/2008	6 Payee address; City; State; Zip Code 7900 RR 620 North Austin, TX 78726	\$57.15

8 Purpose of payment (See instructions regarding type of information required.) supplies (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	Payee name Kelly Graphics	Amount (\$)
02/06/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	\$3,785.36

Purpose of payment (See instructions regarding type of information required.) printing (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	Payee name Kelly Graphics	Amount (\$)
02/14/2008	Payee address; City; State; Zip Code 1322 Lost Creek Blvd. Austin, TX 78746	\$9,090.48

Purpose of payment (See instructions regarding type of information required.) printing (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	Payee name Mastercard/Visa	Amount (\$)
02/01/2008	Payee address; City; State; Zip Code PO Box 194607 San Francisco, CA 94119	\$169.95

Purpose of payment (See instructions regarding type of information required.) credit card 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: 4/5 Report: 14/15

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name McCoy's	7 Amount (\$)
02/01/2008	6 Payee address; City; State; Zip Code 6200 Burleson Rd. Austin, TX 78744	\$115.61

8 Purpose of payment (See instructions regarding type of information required.) supplies (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	Payee name McCoy's	Amount (\$)
02/04/2008	Payee address; City; State; Zip Code 6200 Burleson Rd. Austin, TX 78744	\$427.37

Purpose of payment (See instructions regarding type of information required.) supplies (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	Payee name Oak Hill Gazette	Amount (\$)
02/15/2008	Payee address; City; State; Zip Code 7200 Highway 71 Austin, TX 78735	\$305.00

Purpose of payment (See instructions regarding type of information required.) advertising (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	Payee name Ranes, Jim	Amount (\$)
02/06/2008	Payee address; City; State; Zip Code 1501 Barton Springs Rd. #233 Austin, TX 78704	\$312.38

Purpose of payment (See instructions regarding type of information required.) graphic design (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: 5/5 Report: 15/15**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)
00232323

4 Date 02/06/2008	5 Payee name Sternberg, Rick 6 Payee address; City; State; Zip Code 24815 Hamilton Pool Rd. Round Mountain, TX 78663	7 Amount (\$) \$1,716.26
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.)
web production(If travel outside of Texas, complete Schedule T) **9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 02/19/2008	Payee name Target Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749	Amount (\$) \$100.00
------------------------	--	--------------------------------

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

Date 02/13/2008	Payee name Westlake Picayune Payee address; City; State; Zip Code 3103 Bee Cave Rd., Ste. 102 Austin, TX 78746	Amount (\$) \$816.75
------------------------	--	--------------------------------

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