

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6959

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 #
1 of 36

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mrs. Karen
NICKNAME LAST SUFFIX
Huber

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P. O. Box 302495
Austin, TX 78703

Change of Address

5 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. Gary
NICKNAME LAST SUFFIX
Pickle

6 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
110 Las Lomas
Austin, TX 78746

(Residence or business)

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 327-2403

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
07/01/2008 09/25/2008

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/04/2008 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)
Travis County Commissioner
District 3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

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. ..

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

\$

1,045.00

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

\$

48,603.00

EXPENDITURE TOTALS

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

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

40,782.38

CONTRIBUTION BALANCE

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

\$

43,935.91

OUTSTANDING LOAN TOTALS

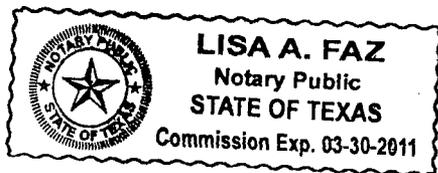
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

10,000.00

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 Lynn Huber, this the 6 day of October, 2008, to certify which, witness my hand and seal of office.

Lisa A. Faz
Signature of officer administering oath

Lisa A. Faz
Print name of officer administering oath

Admin Assist.
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: 1/20 Report: 3/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 09/09/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Aboussie, Karen

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

6 Contributor address; City; State; Zip Code
2006 Barton Pkwy
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/23/2008
Full name of contributor out-of-state PAC (ID# _____)
Arth, James

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

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Attal, Charles

Amount of contribution (\$) \$2,500.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
98 San Jacinto Blvd Ste 430
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 07/18/2008
Full name of contributor out-of-state PAC (ID# _____)
Ayres, Patricia

Amount of contribution (\$) \$500.00
In-kind contribution description (if applicable)

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 08/27/2008
Full name of contributor out-of-state PAC (ID# _____)
Ayres, Patricia

Amount of contribution (\$) \$1,000.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5705 Scout Island Cv
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: 2/20 Report: 4/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/18/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Baggett-Wallis, Pamela 6 Contributor address; City; State; Zip Code 3506 Denbar Ct Austin, TX 78739	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 09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Ben Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 1400 Austin, TX 78701	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 09/10/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Patricia Contributor address; City; State; Zip Code 2901 Bee Caves Rd Ste D Austin, TX 78746	Amount of contribution (\$) \$500.00	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 09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charles Contributor address; City; State; Zip Code 14711 Arrowhead Dr Volente, TX 78641	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 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braun, David Contributor address; City; State; Zip Code PO Box 466 Dripping Springs, TX 78620	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: 3/20 Report: 5/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
07/25/2008 Briggs, Rambie

6 Contributor address; City; State; Zip Code
22017 Redbird Dr
Lago Vista, TX 78645

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# _____)
09/09/2008 Bristol, Valarie

Contributor address; City; State; Zip Code
512 Bulian Ln
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# _____)
09/24/2008 Bugen, Larry

Contributor address; City; State; Zip Code
6408 Canon Wren Dr
Austin, TX 78746

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)

Date Full name of contributor out-of-state PAC (ID# _____)
08/26/2008 Bullock, Dan

Contributor address; City; State; Zip Code
PO Box 5627
Austin, TX 78763

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)

Date Full name of contributor out-of-state PAC (ID# _____)
08/14/2008 Capitol Area Democratic Women PAC

Contributor address; City; State; Zip Code
PO Box 12962
Austin, TX 78711

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/20 Report: 6/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/08/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carr, Cassandra 6 Contributor address; City; State; Zip Code 4400 River Garden Trl Austin, TX 78746	7 Amount of contribution (\$) \$1,000.00	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 08/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$) \$200.00	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 08/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claunch, Susan Contributor address; City; State; Zip Code 305 McConnell Dr Austin, TX 78746	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 09/17/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Claypool, James Contributor address; City; State; Zip Code 5009 Little Creek Trail Spicewood, TX 78669	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 09/15/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Nan Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	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: 5/20 Report: 7/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
09/25/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Clements, Andrew

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

6 Contributor address; City; State; Zip Code
360 Nueces St.
Austin, TX 78701

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
08/21/2008

Full name of contributor out-of-state PAC (ID# _____)
Corkran, Peggy

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

Contributor address; City; State; Zip Code
8333 Talbot Ln
Austin, TX 78746

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
07/16/2008

Full name of contributor out-of-state PAC (ID# _____)
Cortez, John-Michael

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

Contributor address; City; State; Zip Code
1601 Miriam Ave #303
Austin, TX 78702

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/24/2008

Full name of contributor out-of-state PAC (ID# _____)
Cowan, Tommy

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

Contributor address; City; State; Zip Code
5407 Bull Run Cir.
Austin, TX 78727

\$200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/22/2008

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

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

Contributor address; City; State; Zip Code
PO Box 2066
Austin, TX 78768

\$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: 6/20 Report: 8/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00232323

4 Date

09/09/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Damuth, Steven

6 Contributor address; City; State; Zip Code
PO Box 684909
Austin, TX 78768

7 Amount of contribution (\$)

\$1,250.00

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

09/01/2008

Full name of contributor out-of-state PAC (ID# _____)
Davis, James

Contributor address; City; State; Zip Code
410 Buckeye Trl.
Austin, TX 78746

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

09/24/2008

Full name of contributor out-of-state PAC (ID# _____)
Dealey, Amanda

Contributor address; City; State; Zip Code
5401 Ridge Oak Dr
Austin, TX 78731

Amount of contribution (\$)

\$125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/02/2008

Full name of contributor out-of-state PAC (ID# _____)
Deangelis, Jeri

Contributor address; City; State; Zip Code
107 Parkwood Ct
Austin, TX 78746

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/03/2008

Full name of contributor out-of-state PAC (ID# _____)
Dunlap, Charles

Contributor address; City; State; Zip Code
P.O. Box 9743
Austin, TX 78766

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: 7/20 Report: 9/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 08/30/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Emanuel, Victor

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

6 Contributor address; City; State; Zip Code
1507 Alameda Dr
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 07/26/2008
Full name of contributor out-of-state PAC (ID# _____)
Eurich, Melissa

Amount of contribution (\$) \$200.00
In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
20314 Hamilton Pool Rd
Dripping Springs, TX 78620

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 08/25/2008
Full name of contributor out-of-state PAC (ID# _____)
Evans, Allene

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

Contributor address; City; State; Zip Code
1106 Yaupon Valley Rd
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/09/2008
Full name of contributor out-of-state PAC (ID# _____)
Fath, Shudde

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

Contributor address; City; State; Zip Code
1005 Bluebonnet Ln
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Fatzer, Jill

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

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

(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: 8/20 Report: 10/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
08/07/2008

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

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

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
09/09/2008

Full name of contributor out-of-state PAC (ID# _____)
Ford, Karen

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

Contributor address; City; State; Zip Code
13500 Nutty Brown Rd
Austin, TX 78737

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/03/2008

Full name of contributor out-of-state PAC (ID# _____)
Gallo, Suzanne

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

Contributor address; City; State; Zip Code
4106 TYX Trail
Spicewood, TX 78669

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/22/2008

Full name of contributor out-of-state PAC (ID# _____)
Gardner, Donald

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

Contributor address; City; State; Zip Code
13903 Murfin Rd
Austin, TX 78734

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/20/2008

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

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

Contributor address; City; State; Zip Code
4610 Beechwood Hollow
Austin, TX 78731

\$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: 9/20 Report: 11/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
09/05/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Hargrove, Linda

6 Contributor address; City; State; Zip Code
6101 Bend O'River Dr
Austin, TX 78746

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

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
09/09/2008

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

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

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
09/09/2008

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

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

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

\$400.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
08/30/2008

Full name of contributor out-of-state PAC (ID# _____)
Hilgers, Joan

Contributor address; City; State; Zip Code
701 Yaupon Valley Dr
Austin, TX 78746

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)

Date
09/22/2008

Full name of contributor out-of-state PAC (ID# _____)
House, Randall

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

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: 10/20 Report: 12/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
08/29/2008 Jaynes, James

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

6 Contributor address; City; State; Zip Code
2212 Real Catorce
Austin, TX 78746

\$500.00

(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# _____)
09/07/2008 Judge, Francesca

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

Contributor address; City; State; Zip Code
P.O. Box 4084
Santa Monica, CA 90411

\$1,000.00

(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# _____)
08/29/2008 Kelly, Mary

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

Contributor address; City; State; Zip Code
725 Patterson
Austin, TX 78703

\$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# _____)
08/18/2008 Kerr, Kathleen

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

Contributor address; City; State; Zip Code
1503 Wildcat Hollow
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# _____)
09/09/2008 Kitchen, Ann

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

Contributor address; City; State; Zip Code
2401 Briargrove
Austin, TX 78704

\$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: 11/20 Report: 13/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 09/22/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Koegler, Kurt

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

6 Contributor address; City; State; Zip Code
1701 Bauerle Ave
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Lebberman, Lowell (Mr.)

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

Contributor address; City; State; Zip Code
1708 Cromwell Hill
Austin, TX 78703

\$800.00

Food & beverages, cleanup

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/21/2008
Full name of contributor out-of-state PAC (ID# _____)
Lorenz, Perry

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

Contributor address; City; State; Zip Code
1311 E 6th St Ste A
Austin, TX 78702

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/18/2008
Full name of contributor out-of-state PAC (ID# _____)
Lovell, James

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

Contributor address; City; State; Zip Code
1804 Yaupon Valley Rd
Austin, TX 78746

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 08/22/2008
Full name of contributor out-of-state PAC (ID# _____)
Lulic, Nada

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

Contributor address; City; State; Zip Code
5423 Shoalwood Ave
Austin, TX 78756

\$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: 12/20 Report: 14/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00232323

4 Date

09/09/2008

5 Full name of contributor 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 (\$)

\$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

09/22/2008

Full name of contributor out-of-state PAC (ID# _____)
Manes, Gale

Contributor address; City; State; Zip Code
14700 Great Eagle Trl
Austin, TX 78734

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

09/02/2008

Full name of contributor out-of-state PAC (ID# _____)
Mann, Roy

Contributor address; City; State; Zip Code
6311 Lakewood Hollow
Austin, TX 78750

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

08/27/2008

Full name of contributor out-of-state PAC (ID# _____)
Marston, James

Contributor address; City; State; Zip Code
2810 Townes Ln
Austin, TX 78703

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

09/22/2008

Full name of contributor out-of-state PAC (ID# _____)
Matthews, Sherry

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

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: 13/20 Report: 15/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
09/24/2008 McAfee, Mark

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

6 Contributor address; City; State; Zip Code
6315 Spicewood Springs Rd
Austin, TX 78759

\$250.00

(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# _____)
09/08/2008 McCormick, Flora

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

Contributor address; City; State; Zip Code
P.O. Box 5710
Austin, TX 78763

\$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# _____)
09/24/2008 McElvaney, Sarah

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

Contributor address; City; State; Zip Code
1910 Karen Ave
Austin, TX 78757

\$1,000.00

(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# _____)
09/08/2008 McLean, Carlotta

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

Contributor address; City; State; Zip Code
2109 Griswold Ln
Austin, TX 78703

\$250.00

(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# _____)
09/24/2008 McLellan, William

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

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

\$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: 14/20 Report: 16/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McLelland, Stan 6 Contributor address; City; State; Zip Code PO Box 5787 Austin, TX 78763	7 Amount of contribution (\$) \$500.00	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 09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michelson, Robert Contributor address; City; State; Zip Code 403 Malabar St Lakeway, TX 78734	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 09/09/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montford, Mindy Contributor address; City; State; Zip Code 7613 Rock Point Dr. 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"/>			
Date 09/24/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morgan, Clayton Contributor address; City; State; Zip Code 1212 Guadalupe Ste 1100 Austin, TX 78701	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 09/19/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Neely, Mary Ann Contributor address; City; State; Zip Code 1908 Barton Pkwy Austin, TX 78704	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: 15/20 Report: 17/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 09/09/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Niland, Nona MD

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

6 Contributor address; City; State; Zip Code
3939 Bee Cave Rd Bldg C-100
Austin, TX 78746

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 09/08/2008
Full name of contributor out-of-state PAC (ID# _____)
Page, Daniel

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

Contributor address; City; State; Zip Code
6202 Burk Burnett Ct
Austin, TX 78749

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 07/26/2008
Full name of contributor out-of-state PAC (ID# _____)
Phillips, James

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

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

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Pinnelli, Janis

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

Contributor address; City; State; Zip Code
PO Box 50038
Austin, TX 78763

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 09/24/2008
Full name of contributor out-of-state PAC (ID# _____)
Ray Wood & Bonilla LLP

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

Contributor address; City; State; Zip Code
PO Box 165001
Austin, TX 78716

\$500.00

(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: 16/20 Report: 18/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/24/2008	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 (\$) \$1,000.00	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 09/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rutishauser, Robert Contributor address; City; State; Zip Code 6101 Mount Villa Cv Austin, TX 78731	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 09/05/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	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 09/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sansom, Andrew (Mr.) Contributor address; City; State; Zip Code 722 Yaupon Valley Rd. Austin, TX 78746	Amount of contribution (\$) \$833.00	In-kind contribution description (if applicable) Food & beverages, bartender, cleanup
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/04/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scanlan, Nancy Contributor address; City; State; Zip Code 4513 Balcones Dr Austin, TX 78731	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: 17/20 Report: 19/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/19/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schenkkan, Peter 6 Contributor address; City; State; Zip Code 117 Laurel Ln Austin, TX 78705	7 Amount of contribution (\$) \$250.00	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 09/02/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scholar, Marika Contributor address; City; State; Zip Code 518 Buckeye Trl Austin, TX 78746	Amount of contribution (\$) \$2,500.00	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 08/18/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shiple, George Contributor address; City; State; Zip Code 919 Congress Ave Ste750 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 09/16/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sifuentes, Marina Contributor address; City; State; Zip Code 2510 Camino Alto Austin, TX 78746	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 08/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Sherry Contributor address; City; State; Zip Code 700 Windsong Trl Austin, TX 78746	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: 18/20 Report: 20/36	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/02/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sternberg; Bruce 6 Contributor address; City; State; Zip Code 16807 South Ridge Ln Austin, TX 78734	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 09/13/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sulak, Timothy Contributor address; City; State; Zip Code 3605 Windsor Rd Austin, TX 78703	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 09/22/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sulak, Timothy Contributor address; City; State; Zip Code 3605 Windsor Rd Austin, TX 78703	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 09/11/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Taylor, Becky Contributor address; City; State; Zip Code 707 Terrace Mountain Dr 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 08/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Democratic Party Contributor address; City; State; Zip Code 505 West 12th St. Suite 200 Austin, TX 78701	Amount of contribution (\$) \$600.00	In-kind contribution description (if applicable) Voter file access
		(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: 19/20 Report: 21/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date **5** Full name of contributor out-of-state PAC (ID# _____)
09/22/2008 Thrash, Joe

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

6 Contributor address; City; State; Zip Code
1821 Far Gallant Dr
Austin, TX 78746

\$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# _____)
09/24/2008 Torgrimson, Peter

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

Contributor address; City; State; Zip Code
PO Box 28641
Austin, TX 78755

\$1,000.00

(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# _____)
09/09/2008 Warneke, Bob Jr.

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

Contributor address; City; State; Zip Code
PO Box 2388
Austin, TX 78768

\$250.00

(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# _____)
09/07/2008 Winkler, Hugh

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

Contributor address; City; State; Zip Code
9510 Mor Dr
Dripping Springs, TX 78620

\$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# _____)
09/09/2008 Winkler, Margaret

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

Contributor address; City; State; Zip Code
960 Live Oak Circle
Austin, TX 78746

\$350.00

(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: 20/20 Report: 22/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
09/16/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Wolfe, Chip

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$100.00 |

6 Contributor address; City; State; Zip Code
2208 W 11th St
Austin, TX 78703

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
08/22/2008

Full name of contributor out-of-state PAC (ID# _____)
Yates, Ira

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$2,500.00 |

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/24/2008

Full name of contributor out-of-state PAC (ID# _____)
Yates, Ira

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

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

(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: 1/13 Report: 24/36**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)
00232323

4 Date 09/09/2008	5 Payee name American Express 6 Payee address; City; State; Zip Code P.P. Box 53852 Phoenix, AZ 85072-3852	7 Amount (\$) \$18.52
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8 Purpose of payment (See instructions regarding type of information required.)
credit card fees**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 08/22/2008	Payee name Austin AFL-CIO Council Payee address; City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705	Amount (\$) \$145.00
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Purpose of payment (See instructions regarding type of information required.)
advertising** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 07/01/2008	Payee name Bank of America Payee address; City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485	Amount (\$) \$51.00
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Purpose of payment (See instructions regarding type of information required.)
Credit card fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

Date 08/01/2008	Payee name Bank of America Payee address; City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485	Amount (\$) \$74.92
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Purpose of payment (See instructions regarding type of information required.)
Credit card fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/13 Report: 25/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name	7 Amount (\$)
09/02/2008	Bank of America <hr/> 6 Payee address; City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485	\$23.69

8 Purpose of payment (See instructions regarding type of information required.) Credit card fees (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	Amount (\$)
08/06/2008	Butts, David (Mr.) <hr/> Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	\$800.00

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:
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Date	Payee name	Amount (\$)
08/31/2008	Butts, David (Mr.) <hr/> Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723	\$800.00

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:
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Date	Payee name	Amount (\$)
08/09/2008	Constant Contact <hr/> Payee address; City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451	\$31.88

Purpose of payment (See instructions regarding type of information required.) email (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: 3/13 Report: 26/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 09/09/2008	5 Payee name Constant Contact 6 Payee address; City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451	7 Amount (\$) \$53.13
8 Purpose of payment (See instructions regarding type of information required.) email (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 07/02/2008	Payee name Discover Network Payee address; City; State; Zip Code P.O. Box 52145 Phoenix, AZ 85072-2145	Amount (\$) \$1.69
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:
Date 09/12/2008	Payee name Fedex Kinkos Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$) \$79.54
Purpose of payment (See instructions regarding type of information required.) event 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 09/25/2008	Payee name Fedex Kinkos Payee address; City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746	Amount (\$) \$134.22
Purpose of payment (See instructions regarding type of information required.) event 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:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/13 Report: 27/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 08/15/2008	5 Payee name Garza, Kristina (Ms.) 6 Payee address; City; State; Zip Code 2303 East Side Dr. Austin, TX 78704	7 Amount (\$) \$216.75
8 Purpose of payment (See instructions regarding type of information required.) contract labor (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 08/29/2008	Payee name Garza, Kristina (Ms.) Payee address; City; State; Zip Code 2303 East Side Dr. Austin, TX 78704	Amount (\$) \$750.00
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 09/08/2008	Payee name Garza, Kristina (Ms.) Payee address; City; State; Zip Code 2303 East Side Dr. Austin, TX 78704	Amount (\$) \$28.97
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 09/11/2008	Payee name Garza, Kristina (Ms.) Payee address; City; State; Zip Code 2303 East Side Dr. Austin, TX 78704	Amount (\$) \$410.87
Purpose of payment (See instructions regarding type of information required.) supplies & printing Fundraiser invitations (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: 5/13 Report: 28/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 09/15/2008	5 Payee name Garza, Kristina (Ms.) 6 Payee address; City; State; Zip Code 2303 East Side Dr. Austin, TX 78704	7 Amount (\$) \$750.00
8 Purpose of payment (See instructions regarding type of information required.) contract labor (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 08/28/2008	Payee name Goss, Delwin (Mr.) Payee address; City; State; Zip Code 6410 Ponca St. Austin, TX 78741	Amount (\$) \$2,164.00
Purpose of payment (See instructions regarding type of information required.) sign placements (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/15/2008	Payee name Goss, Delwin (Mr.) Payee address; City; State; Zip Code 6410 Ponca St. Austin, TX 78741	Amount (\$) \$1,280.00
Purpose of payment (See instructions regarding type of information required.) sign placements (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 08/01/2008	Payee name Hamilton Campaigns Payee address; City; State; Zip Code 4201 Connecticut Ave. NW Suite 610 Washington, DC 20008	Amount (\$) \$12,200.00
Purpose of payment (See instructions regarding type of information required.) survey (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: 6/13 Report: 29/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 07/01/2008	5 Payee name Harry, Susan (Ms.) 6 Payee address; City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705	7 Amount (\$) \$750.00
8 Purpose of payment (See instructions regarding type of information required.) consulting (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 08/01/2008	Payee name Harry, Susan (Ms.) Payee address; City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705	Amount (\$) \$750.00
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:
Date 09/01/2008	Payee name Harry, Susan (Ms.) Payee address; City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705	Amount (\$) \$750.00
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:
Date 08/21/2008	Payee name Huber, Leonard (Mr.) Payee address; City; State; Zip Code 23020 Pedernales Cyn. Trl. Spicewood, TX 78669-6431	Amount (\$) \$335.00
Purpose of payment (See instructions regarding type of information required.) stamps-event mailing (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: 7/13 Report: 30/36**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)
00232323

4 Date 09/09/2008	5 Payee name Lowe's 6 Payee address; City; State; Zip Code 12611 Shops Parkway #100 Bee Caves,, TX 78738	7 Amount (\$) \$38.91
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8 Purpose of payment (See instructions regarding type of information required.) event 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:
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Date 09/15/2008	Payee name MSHC Partners Payee address; City; State; Zip Code 1155 15th Street, NW, Suite 300 Washington, DC 20005	Amount (\$) \$1,750.00
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Purpose of payment (See instructions regarding type of information required.) Search Engine Marketing (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 09/11/2008	Payee name Office Max Payee address; City; State; Zip Code 907 West 5th St. Austin, TX 78703	Amount (\$) \$75.75
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Purpose of payment (See instructions regarding type of information required.) event 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:
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Date 09/21/2008	Payee name Office Max Payee address; City; State; Zip Code Shops at Galleria Bee Caves, TX 78738	Amount (\$) \$46.32
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Purpose of payment (See instructions regarding type of information required.) event 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:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/13 Report: 31/36**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name	7 Amount (\$)
09/22/2008	Office Max	\$23.36
6 Payee address; City; State; Zip Code Shops at Galleria Bee Caves, TX 78738		

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

Date	Payee name	Amount (\$)
09/23/2008	O-K Paper	\$60.08
Payee address; City; State; Zip Code 304 E. Cesar Chavez Austin, TX 78701		

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

Date	Payee name	Amount (\$)
09/23/2008	Opinion Analysts, Inc.	\$70.44
Payee address; City; State; Zip Code 906 Rio Grande Austin, TX 78701		

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

Date	Payee name	Amount (\$)
07/01/2008	Ramos, Sandra (Ms.)	\$1,500.00
Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731		

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/13 Report: 32/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 07/03/2008	5 Payee name Ramos, Sandra (Ms.) 6 Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	7 Amount (\$) \$111.50
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 07/15/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$1,500.00
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 07/25/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$617.71
Purpose of payment (See instructions regarding type of information required.) supplies, stickers, email (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 07/25/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$96.00
Purpose of payment (See instructions regarding type of information required.) maps (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: 10/13 Report: 33/36

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 07/31/2008	5 Payee name Ramos, Sandra (Ms.) 6 Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	7 Amount (\$) \$1,500.00
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8 Purpose of payment (See instructions regarding type of information required.) contract labor (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:
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Date 08/15/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$1,500.00
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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 08/21/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$217.85
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Purpose of payment (See instructions regarding type of information required.) copies, cutting (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 08/31/2008	Payee name Ramos, Sandra (Ms.) Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	Amount (\$) \$1,500.00
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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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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/13 Report: 34/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 09/05/2008	5 Payee name Ramos, Sandra (Ms.) 6 Payee address; City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731	7 Amount (\$) \$157.78
8 Purpose of payment (See instructions regarding type of information required.) campaign phone, 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 09/11/2008	Payee name Stanley Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St. Suite G-23 Austin, TX 78701	Amount (\$) \$1,500.00
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:
Date 09/11/2008	Payee name Stanley Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St. Suite G-23 Austin, TX 78701	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) expenses (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/23/2008	Payee name Stanley Garrison & Associates Payee address; City; State; Zip Code 812 San Antonio St. Suite G-23 Austin, TX 78701	Amount (\$) \$1,500.00
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: 12/13 Report: 35/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 08/06/2008	5 Payee name Texas Democratic Party 6 Payee address; City; State; Zip Code 505 West 12th St. Austin, TX 78701	7 Amount (\$) \$150.00
8 Purpose of payment (See instructions regarding type of information required.) data (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 07/01/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) rent (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 08/01/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) rent (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/01/2008	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$1,000.00
Purpose of payment (See instructions regarding type of information required.) rent (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: 13/13 Report: 36/36
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323
4 Date 09/11/2008	5 Payee name U.S.Postal Service 6 Payee address; City; State; Zip Code U.S. Postmaster Spicewood, TX 78669	7 Amount (\$) \$126.00
8 Purpose of payment (See instructions regarding type of information required.) event postage (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 09/22/2008	Payee name U.S.Postal Service Payee address; City; State; Zip Code U.S. Postmaster Austin, TX 78701-2924	Amount (\$) \$121.50
Purpose of payment (See instructions regarding type of information required.) event 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 09/15/2008	Payee name Umlauf Sculpture Garden & Museum Payee address; City; State; Zip Code 605 Robert E. Lee Road Austin, TX 78704	Amount (\$) \$520.00
Purpose of payment (See instructions regarding type of information required.) rental for fundraiser (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: