

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

\$ 148.00

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

\$ 32,448.00

EXPENDITURE TOTALS

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

\$ 114.05

4. TOTAL POLITICAL EXPENDITURES

\$ 23,980.87

CONTRIBUTION BALANCE

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

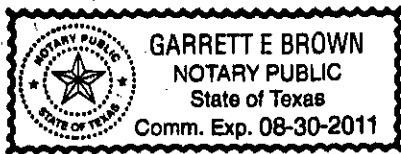
\$ 29,320.68

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 Huber, this the 15th day of July, 20 09, to certify which, witness my hand and seal of office.

Garrett E Brown Garrett E Brown Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/10 Report: 3/20

2 FILER NAME Hüber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 01/19/2009 5 Full name of contributor out-of-state PAC (ID# _____)
Armbrust, David

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

6 Contributor address; City; State; Zip Code
100 Congress Ave Ste 1300
Austin, TX 78701

\$2,500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 05/13/2009 Full name of contributor out-of-state PAC (ID# _____)
Armbrust, David (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)
Event food & beverages

Contributor address; City; State; Zip Code
2807 Regents Park
Austin, TX 78746

\$900.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/27/2009 Full name of contributor out-of-state PAC (ID# _____)
Armbrust & Brown LLP

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

Contributor address; City; State; Zip Code
100 Congress Ave.
Suite 1300
Austin, TX 78701-2744

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/02/2009 Full name of contributor out-of-state PAC (ID# _____)
Bragg, Gerald (Mr.)

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

Contributor address; City; State; Zip Code
2516 Saratoga Dr.
Austin, TX 78733-1239

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/13/2009 Full name of contributor out-of-state PAC (ID# _____)
Bury, Paul III (Mr.)

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

Contributor address; City; State; Zip Code
221 West 6th St.
Suite 600
Austin, TX 78701

\$1,000.00

(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: 2/10 Report: 4/20	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clark, Stephen (Mr.) 6 Contributor address; City; State; Zip Code 4210 River Garden Trail Austin, TX 78746	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, Tommy Contributor address; City; State; Zip Code 5407 Bull Run Cir. Austin, TX 78727	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawlett, Haythem (Mr.) Contributor address; City; State; Zip Code 16100 Chateau Ave. Austin, TX 78734	Amount of contribution (\$) \$1,500.00	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 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dukette, Scott Contributor address; City; State; Zip Code 4410 Twisted Tree Dr Austin, TX 78735	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/14/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eckhardt, Sarah (Ms.) Contributor address; City; State; Zip Code P.O. Box 301586 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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/10 Report: 5/20	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erwin, Gay (Ms.) 6 Contributor address; City; State; Zip Code NO. 3 Jeffrey Cove Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Falkenberg, Howard (Mr.) 6 Contributor address; City; State; Zip Code P.O. Box 123 Austin, TX 78767	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Gary (Mr.) 6 Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746-4678	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 05/27/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fowler, Charles E. Jr. (Mr.) 6 Contributor address; City; State; Zip Code 11628 Arbor Downs Rd. Austin, TX 78748	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giangiullo, John Jr. (Mr.) 6 Contributor address; City; State; Zip Code 5 Henley Rd. Wynnewood, PA 19096	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/10 Report: 6/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
05/13/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Graves Dougherty Hearon & Moody PC

6 Contributor address; City; State; Zip Code
P.O. Box 98
Austin, TX 78767

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
01/19/2009

Full name of contributor out-of-state PAC (ID# _____)
Gregory, Bob

Contributor address; City; State; Zip Code
2939 Westlake Cv
Austin, TX 78746

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
05/13/2009

Full name of contributor out-of-state PAC (ID# _____)
Gregory, James (Mr.)

Contributor address; City; State; Zip Code
10531 Grand Oak Circle
Austin, TX 78750

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)

Employer (See Instructions)

Date
05/13/2009

Full name of contributor out-of-state PAC (ID# _____)
Gruber, Tosca (Ms.)

Contributor address; City; State; Zip Code
3306 Blue Jay Lane
Austin, TX 78732-1601

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
05/13/2009

Full name of contributor out-of-state PAC (ID# _____)
Hahn, Jeffery (Mr.)

Contributor address; City; State; Zip Code
6700 Hot Springs Dr.
Austin, TX 78749

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: 5/10 Report: 7/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
05/13/2009 Home Builders Assoc of Greater Austin HomePAC

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

6 Contributor address; City; State; Zip Code
7952 Anderson Sq.
Austin, TX 78757

\$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# _____)
05/13/2009 Jones, Harry R. (Mr.)

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

Contributor address; City; State; Zip Code
4084 Bee Creek Rd.
Spicewood, TX 78669

\$1,500.00

(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# _____)
01/05/2009 Klug, Robert (Mr.)

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

Contributor address; City; State; Zip Code
16127 Lake Travis Dr.
Austin, TX 78734

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID# _____)
05/13/2009 Knight, James (Mr.)

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

Contributor address; City; State; Zip Code
400 Las Lomas
Austin, TX 78746

\$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# _____)
05/13/2009 Kunz, Richard (Mr.)

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

Contributor address; City; State; Zip Code
6034 W. Courtyard Dr.
Suite 524
Austin, TX 78730-5079

\$750.00

(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: 6/10 Report: 8/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date: 05/13/2009
5 Full name of contributor out-of-state PAC (ID# _____)
Lebberman, Lowell (Mr.)

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

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

\$300.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date: 04/22/2009
Full name of contributor out-of-state PAC (ID# _____)
Lee, William (Mr.)

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

Contributor address; City; State; Zip Code
8801 N FM 620
Apt. 1622
Austin, TX 78726

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 05/13/2009
Full name of contributor out-of-state PAC (ID# _____)
Linehan, Paul (Mr.)

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

Contributor address; City; State; Zip Code
3502 Lost Green Blvd.
Austin, TX 78735-1506

\$500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 05/27/2009
Full name of contributor out-of-state PAC (ID# _____)
Longaro, Joseph (Mr.)

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

Contributor address; City; State; Zip Code
14269 FM 2769
Leander, TX 78641

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date: 05/13/2009
Full name of contributor out-of-state PAC (ID# _____)
Martin, Garrett (Mr.)

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

Contributor address; City; State; Zip Code
2602 Kinney Oaks Ct.
Austin, TX 78704-4974

\$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: 7/10 Report: 9/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 06/11/2009 5 Full name of contributor out-of-state PAC (ID# _____)
McCombs, B. J. (Mr.)

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

6 Contributor address; City; State; Zip Code
P. O. Box BH003
San Antonio, TX 78201

\$1,500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 05/18/2009 Full name of contributor out-of-state PAC (ID# _____)
McLean, Carlotta (Ms.)

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

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

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/27/2009 Full name of contributor out-of-state PAC (ID# _____)
Murfee, George

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

Contributor address; City; State; Zip Code
2601 Velasquez
Austin, TX 78703

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/13/2009 Full name of contributor out-of-state PAC (ID# _____)
Nabers, Lynn (Mr.)

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

Contributor address; City; State; Zip Code
6034 West Courtyard Dr.
Suite 100-B
Austin, TX 78730-5070

\$300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/13/2009 Full name of contributor out-of-state PAC (ID# _____)
O'Brien, Kent (Mr.)

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

Contributor address; City; State; Zip Code
515 Explorer
Lakeway, TX 78734

\$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: 8/10 Report: 10/20	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 05/13/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oswald, George E. (Mr.) 6 Contributor address; City; State; Zip Code 2808 Regents Park Austin, TX 78746-7655	7 Amount of contribution (\$) \$250.00	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 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peoples, Wesley (Mr.) Contributor address; City; State; Zip Code 7511 Fireoak Dr. Austin, TX 78759	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Jerry R. (Mr.) Contributor address; City; State; Zip Code 510 West 15th St. Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Henry B. (Mr.) Contributor address; City; State; Zip Code 12409 Cascade Caverns Tr. Austin, TX 78739	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 06/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Robertson, Elliott, Glen, Klein & Bell, LLP Contributor address; City; State; Zip Code 221 West 6th St. Suite 1100 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/10 Report: 11/20	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/20/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stone, Keith (Mr.) 6 Contributor address; City; State; Zip Code 4716 St. Johns Dr. Dallas, TX 75205	7 Amount of contribution (\$) \$1,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Strmiska, Gregory (Mr.) Contributor address; City; State; Zip Code 8947 Wimberly Cove Austin, TX 78735	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 05/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Government PAC Contributor address; City; State; Zip Code 100 Congress Ave Suite 1300 Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/24/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theriot, Robert (Mr.) Contributor address; City; State; Zip Code 6638 Comanche Trail Austin, TX 78732	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 06/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Todd, Bruce (Mr.) Contributor address; City; State; Zip Code 7629 Rockpoint Drive Austin, TX 78731	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/10 Report: 12/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 01/21/2009 **5 Full name of contributor** out-of-state PAC (ID# _____)
Wheeler, Richard Jr.

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

6 Contributor address; City; State; Zip Code
16002 Canard Cir.
Austin, TX 78734

\$1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 05/13/2009 **Full name of contributor** out-of-state PAC (ID# _____)
Yates, Ira

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

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

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/13/2009 **Full name of contributor** out-of-state PAC (ID# _____)
Zuniga, Diana (Ms.)

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

Contributor address; City; State; Zip Code
4705 Timberline Dr.
Austin, TX 78746

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/6 Report: 13/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date

01/02/2009

5 Payee name
Bank of America

6 Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

7 Amount (\$)

\$22.45

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

(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

02/02/2009

Payee name
Bank of America

Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

Amount (\$)

\$22.45

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date

03/02/2009

Payee name
Bank of America

Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

Amount (\$)

\$22.45

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date

04/01/2009

Payee name
Bank of America

Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

Amount (\$)

\$22.45

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

(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: 2/6 Report: 14/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date

05/01/2009

5 Payee name
Bank of America

.....
6 Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

7 Amount (\$)

\$22.87

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

(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

06/01/2009

Payee name
Bank of America

.....
Payee address; City; State; Zip Code
P. O. BOX 2485
Spokane, WA 99210-2485

Amount (\$)

\$23.34

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date

01/05/2009

Payee name
Brown, Garry (Mr.)

.....
Payee address; City; State; Zip Code
1824 So. I.H. 35 # 358
Austin, TX 78704

Amount (\$)

\$1,000.00

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:

Date

06/03/2009

Payee name
Brown, Garry (Mr.)

.....
Payee address; City; State; Zip Code
1824 So. I.H. 35 # 358
Austin, TX 78704

Amount (\$)

\$200.00

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: 3/6 Report: 15/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
01/01/2009

5 Payee name
Butts, David (Mr.)

7 Amount (\$)
\$6,000.00

6 Payee address; City; State; Zip Code
1914 Patton Lane
Austin, TX 78723

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

(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
05/17/2009

Payee name
Butts, David (Mr.)

Amount (\$)
\$6,000.00

Payee address; City; State; Zip Code
1914 Patton Lane
Austin, TX 78723

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date
01/04/2009

Payee name
Carson, Joann TCSO (Ms.)

Amount (\$)
\$140.00

Payee address; City; State; Zip Code
P.O. Box 1748
Austin, TX 78767

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date
06/29/2009

Payee name
Constant Contact

Amount (\$)
\$350.64

Payee address; City; State; Zip Code
1601 Trapelo Rd. #329
Waltham, MA 02451

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

(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: 4/6 Report: 16/20**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)
00232323**4** Date

01/04/2009

5 Payee name

Gilmore, Colin (Mr.)

7 Amount
(\$)

\$250.00

6 Payee address; City; State; Zip Code1413 Alguno Rd. # B
Austin, TX 78757**8** Purpose of payment (See instructions regarding type of information required.)

Event Expenses

(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

06/29/2009

Payee name

Godaddy.com

Amount
(\$)

\$220.68

Payee address; City; State; Zip Code

14455 N. Hayden Rd., #219
Scottsdale, AZ 85260

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

Web hosting

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

Office sought:

Office held:

Date

01/22/2009

Payee name

National Women's PoliticalCaucus

Amount
(\$)

\$125.00

Payee address; City; State; Zip Code

7400 Ladle Lane
Austin, TX 78749

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

Political contribution

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

Office sought:

Office held:

Date

01/20/2009

Payee name

Stanley Garrison & Associates

Amount
(\$)

\$4,854.30

Payee address; City; State; Zip Code

812 San Antonio St. Suite G-23
Austin, TX 78701

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

consulting

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

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/6 Report: 17/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name	7 Amount (\$)
02/04/2009	Stanley Garrison & Associates 6 Payee address; City; State; Zip Code 812 San Antonio St. Suite G-23 Austin, TX 78701	\$918.92

8 Purpose of payment (See instructions regarding type of information required.)
consulting(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 (\$)
03/17/2009	Star Hill Ranch Payee address; City; State; Zip Code 15000 Hamilton Pool Rd. Bee Cave, TX 78738	\$200.00

Purpose of payment (See instructions regarding type of information required.)
Event expenses(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 (\$)
01/04/2009	Travis County Sheriff's Department Payee address; City; State; Zip Code P.O. Box 1748 Austin, TX 78767	\$60.00

Purpose of payment (See instructions regarding type of information required.)
Event expenses(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 (\$)
06/29/2009	Trinsic Residential Payee address; City; State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513	\$318.81

Purpose of payment (See instructions regarding type of information required.)
telephone(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: 6/6 Report: 18/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date

05/21/2009

5 Payee name
U.S.Postal Service
.....
6 Payee address; City; State; Zip Code
U.S. Postmaster
Austin, TX 78701-2924

7 Amount (\$)

\$54.00

8 Purpose of payment (See instructions regarding type of information required.)
P.O. Box rental

(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

01/04/2009

Payee name
Vintage Villas
.....
Payee address; City; State; Zip Code
4209 Eck Lane
Austin, TX 78734

Amount (\$)

\$2,453.76

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

Date

06/29/2009

Payee name
WebEx Communications, Inc.
.....
Payee address; City; State; Zip Code
3979 Freedom Circle
Santa Clara, CA 95054

Amount (\$)

\$584.70

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

(If travel outside of Texas, complete Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:
Office held:

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/2 Report: 19/20

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date	5 Payee name	8 Amount (\$)
01/22/2009	Texas Association of Counties 6 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$63.39
	7 Purpose of expenditure (See instructions regarding type of information required.) Staff parking	
01/30/2009	Texas Association of Counties 6 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$97.43
	Purpose of expenditure (See instructions regarding type of information required.) Staff parking	
03/03/2009	Texas Association of Counties 6 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$214.95
	Purpose of expenditure (See instructions regarding type of information required.) Staff parking	
04/06/2009	Texas Association of Counties 6 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$173.20
	Purpose of expenditure (See instructions regarding type of information required.) Staff parking	
05/13/2009	Texas Association of Counties 6 Payee address; City; State; Zip Code 1210 San Antonio St. Austin, TX 78701	\$173.20
	Purpose of expenditure (See instructions regarding type of information required.) Staff parking	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1. PAGE #
Schedule: 2/2 Report: 20/20

2. FILER NAME Huber, Karen (Mrs.)

3. ACCOUNT # (Ethics Commission filers)
00232323

4. Date
06/01/2009

5. Payee name
Texas Association of Counties

6. Payee address; City; State; Zip Code
1210 San Antonio St.
Austin, TX 78701

8. Amount (\$)
\$173.20

7. Purpose of expenditure (See instructions regarding type of information required.)
Staff parking