

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7212

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. David A.
NICKNAME LAST SUFFIX
Escamilla

OFFICE USE ONLY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5703 Spurflower Dr. Austin, TX 78759

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 338-1269

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mr. David A.
NICKNAME LAST SUFFIX
Escamilla

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5703 Spurflower Dr. Austin, TX 78759

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 338-1269

9 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)

10 PERIOD
COVERED

Month Day Year THROUGH Month Day Year
7 / 01 / 09 THROUGH 12 / 31 / 09

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Travis County Attorney

14 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

DANA DEBEAUVILLE
CLERK
TRAVIS COUNTY

Date Received
Date Hand-delivered
Date Postmarked
Receipt # Amount
Date Processed
Date Traced

FILED FOR RECORD
10 JAN 4 P

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME David A. Escamilla

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6720.00

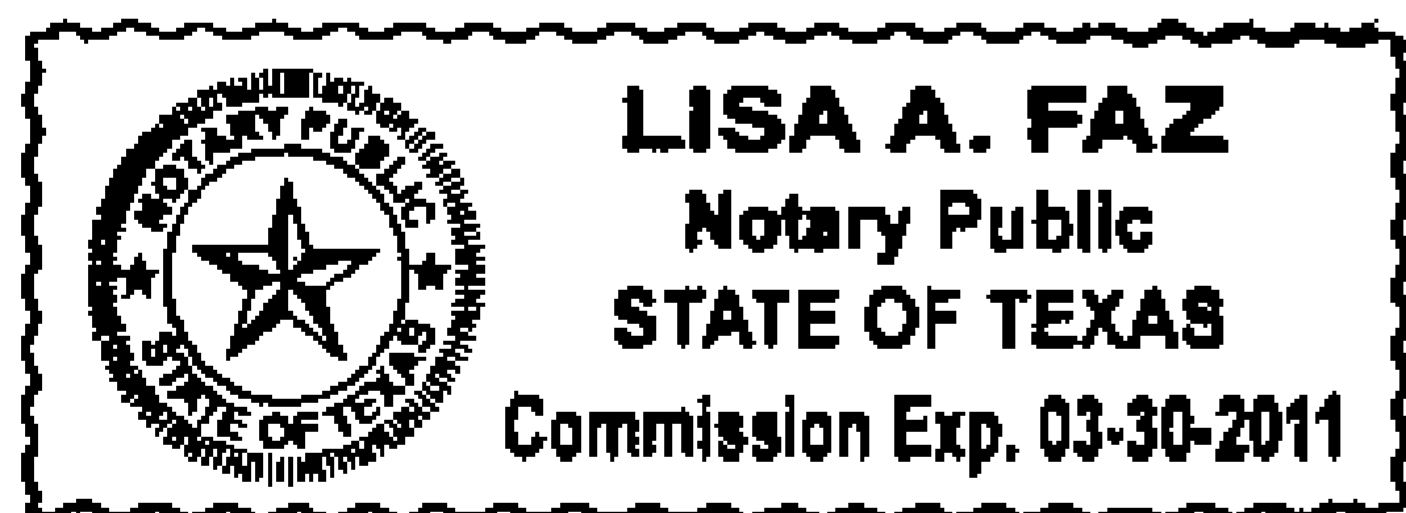
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 71,671.14

OUTSTANDING LOAN TOTALS

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

19 AFFIDAVIT



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

David A. Escamilla

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla, this the 14 day of January, 20 10, to certify which, witness my hand and seal of office.

Lisa A. Faz
Signature of officer administering oath

Lisa A. Faz
Printed name of officer administering oath

Administrative Secretary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: 2
2 FILER NAME David A. Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/26/09	5 Payee name Travis County Democratic Party 6 Payee address: City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	7 Amount (\$) \$ 250.00
8 Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/03/09	Payee name Central Texas Democratic Forum Payee address: City; State; Zip Code 701 Brazos St., Suite 650 Austin, TX 78701	Amount (\$) \$ 120.00
Purpose of payment (See instructions regarding type of information required.) Annual Membership Dues (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/04/09	Payee name Elizabeth Earle Campaign Payee address: City; State; Zip Code 7211 Mesa Dr. Austin, TX 78731	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 11/19/09	Payee name Samuel T. Biscoe Campaign Payee address: City; State; Zip Code 6411 Bridgewater Dr. Austin, TX 78723	Amount (\$) \$ 100.00
Purpose of payment (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2

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

4 Date 12/10/09	5 Payee name Austin Tejano Democrats 6 Payee address; City; State; Zip Code 2544 Stoutwood Circle Austin, TX 78745	7 Amount (\$) \$ 1000.00
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8 Purpose of payment (See instructions regarding type of information required.) Political Contribution - Convention Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date 12/15/09	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$ 5000.00
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Purpose of payment (See instructions regarding type of information required.) Political Contribution - Filing Day Sponsorship <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2

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

4 Date 7/20/09	5 Payee name Travis County Democratic Party 6 Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	8 Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		

Date 8/20/09	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		

Date 9/20/09	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		

Date 10/20/09	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		

Date 11/20/09	Payee name Travis County Democratic Party Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263	Amount (\$) \$ 25.00 <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2

2 FILER NAME **David A. Escamilla**

3 ACCOUNT # (Ethics Commission files)

<p>4 Date 12/20/09</p>	<p>5 Payee name Travis County Democratic Party</p> <p>6 Payee address; City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263</p>	<p>8 Amount (\$) \$ 25.00</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>7 Purpose of expenditure (See instructions regarding type of information required.) Political Contribution (If travel outside of Texas, complete Schedule T)</p>		
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>		
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>		
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>		
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>		

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.		1 Total pages Schedule I: 1
2 FILER NAME David A. Escamilla		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/27/09	5 Payee name Austin Community Foundation 6 Payee address; City; State; Zip Code 4315 Guadalupe, Suite 300 Austin, TX 78751	8 Amount (\$) \$ 500.00
7 Purpose of expenditure (See instructions regarding type of information required.) Charitable Contribution: Travis County Combined Charities Fund		
Date 11/14/09	Payee name Texas Civil Rights Project Payee address; City; State; Zip Code 1404 Montopolis Dr. Austin, TX 78741	Amount (\$) \$ 1000.00
Purpose of expenditure (See instructions regarding type of information required.) Charitable Contribution - Fundraiser Sponsorship		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		

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