

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7214

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 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen	MI M
	NICKNAME	LAST Huber	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 302495 Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joseph G.	MI M
	NICKNAME Gary	LAST Pickle	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	110 Las Lomas Austin, TX 78746		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 327-2403			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month    Day    Year	THROUGH	Month    Day    Year
07/01/2009			12/31/2009
10 ELECTION	ELECTION DATE Month    Day    Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Travis Co. Commissioner Pct. 3		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... 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		

DANA DEBEAUVOUR  
COUNTY CLERK  
TRAVIS COUNTY TEXAS

**OFFICE USE ONLY**

Date Received  
**10 JAN 5 48:09**

Date Hand-delivered or Date Postmarked

Received Amount

Date Processed

Date Imaged

FILED FOR RECORD

**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 \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 3,500.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 5,020.76

CONTRIBUTION BALANCE

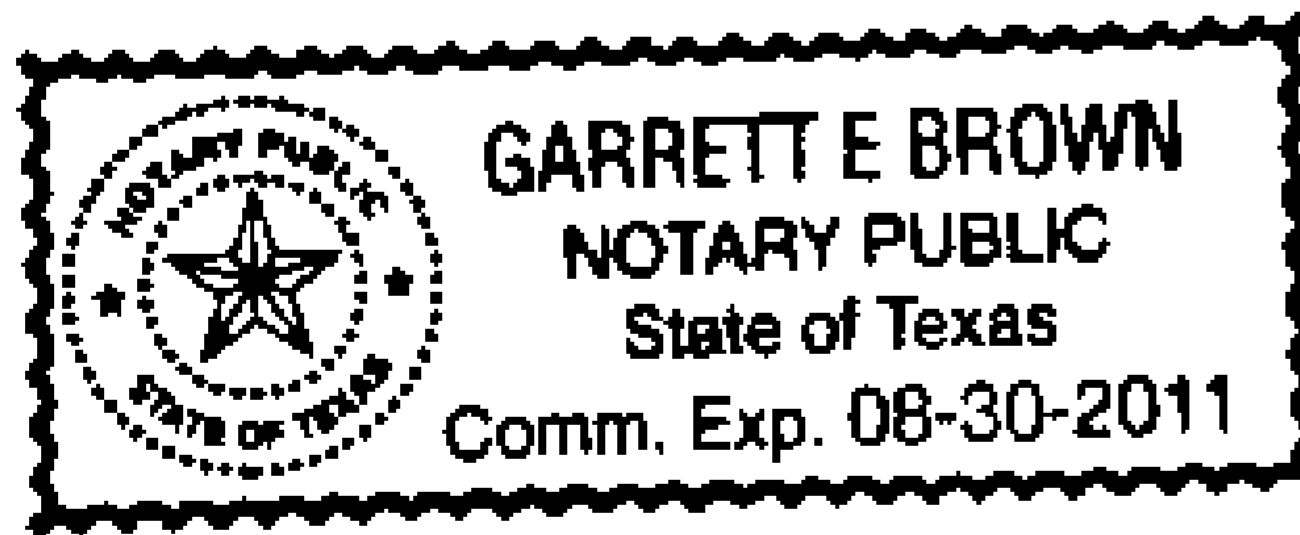
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 14,853.52

OUTSTANDING LOAN TOTALS

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

18 AFFIDAVIT

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



*Karen Huber*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Huber, this the 12<sup>th</sup> day of January, 2010, 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: 1/1 Report: 3/10

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

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

**4** Date  
07/03/2009

**5** Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Fulbright & Jaworski LLP TX Committee

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

\$500.00

**6** Contributor address; City; State; Zip Code  
600 Congress Ave Ste 2400  
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

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

**10** Employer (See Instructions)

Date  
09/24/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Meade, Nikelle (Ms.)

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

\$1,500.00

Contributor address; City; State; Zip Code  
5363 Astral Loop  
Austin, TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
07/24/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
PBSJ CORP. POLITICAL ACTION COMMITTEE

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

\$1,000.00

Contributor address; City; State; Zip Code  
5300 West Cypress St.  
Suite 200  
Tampa, FL 33607

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
12/28/2009

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
Political Action Committee of Winstead PC

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

\$500.00

Contributor address; City; State; Zip Code  
5400 Renaissance Tower, 1201 Elm St.  
Dallas, TX 75270

(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: 1/5 Report: 4/10**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00232323**4** Date  
  
07/15/2009**5** Payee name  
Austin AFL-CIO Council  
  
**6** Payee address; City; State; Zip Code  
2520 Longview St. Suite 211  
Austin, TX 78705**7** Amount  
(\$)  
  
\$215.00**8** Purpose of payment (See instructions regarding type of information required.)  
advertising**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

Payee name  
Bank of AmericaAmount  
(\$)

07/01/2009

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

\$22.45

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

Payee name  
Bank of AmericaAmount  
(\$)

07/31/2009

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

\$22.45

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

Payee name  
Bank of AmericaAmount  
(\$)

09/01/2009

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

\$22.45

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: 2/5 Report: 5/10

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

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

<b>4 Date</b>  10/01/2009	<b>5 Payee name</b> Bank of America  <b>6 Payee address; City; State; Zip Code</b> P. O. BOX 2485 Spokane, WA 99210-2485	<b>7 Amount (\$)</b>  \$22.45
---------------------------------	---	-------------------------------------

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

<b>Date</b>  11/02/2009	<b>Payee name</b> Bank of America  <b>Payee address; City; State; Zip Code</b> P. O. BOX 2485 Spokane, WA 99210-2485	<b>Amount (\$)</b>  \$22.45
-------------------------------	---	-----------------------------------

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

<b>Date</b>  12/01/2009	<b>Payee name</b> Bank of America  <b>Payee address; City; State; Zip Code</b> P. O. BOX 2485 Spokane, WA 99210-2485	<b>Amount (\$)</b>  \$22.45
-------------------------------	---	-----------------------------------

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

<b>Date</b>  07/26/2009	<b>Payee name</b> Brown, Garry (Mr.)  <b>Payee address; City; State; Zip Code</b> 1824 So. I.H. 35 # 358 Austin, TX 78704	<b>Amount (\$)</b>  \$340.00
-------------------------------	--	------------------------------------

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

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 3/5 Report: 6/10**2** FILER NAME Huber, Karen (Mrs.)**3** ACCOUNT # (Ethics Commission filers)  
00232323**4** Date**5** Payee name

Brown, Gary (Mr.)

**7** Amount  
(\$)

11/23/2009

**6** Payee address; City; State; Zip Code1824 So. I.H. 35 # 358  
Austin, TX 78704

\$180.00

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

contract labor

**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

Payee name

Constant Contact

Amount  
(\$)

12/31/2009

Payee address; City; State; Zip Code

1601 Trapelo Rd. #329  
Waltham, MA 02451

\$510.00

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

email

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

Office sought:

Office held:

Date

Payee name

Eddie Rodriguez Campaign

Amount  
(\$)

07/15/2009

Payee address; City; State; Zip Code

P.O. Box 2436  
Austin, TX 78768

\$250.00

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

Political contribution

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

Office sought:

Office held:

Date

Payee name

Godaddy.com

Amount  
(\$)

12/31/2009

Payee address; City; State; Zip Code

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

\$95.76

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

Web hosting

**\*\* 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: 4/5 Report: 7/10

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

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

**4 Date**  
  
12/31/2009

**5 Payee name**  
Office Max

**7 Amount (\$)**  
  
\$17.30

**6 Payee address; City; State; Zip Code**  
Shops at the Galleria  
Austin, TX 78738

**8 Purpose of payment** (See instructions regarding type of information required.)  
Event supplies

**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**  
  
09/01/2009

**Payee name**  
South Austin Democrats

**Amount (\$)**  
  
\$100.00

**Payee address; City; State; Zip Code**  
P.O. Box 152592  
Austin, TX 78715

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

**Date**  
  
09/01/2009

**Payee name**  
Travis County Democratic Party

**Amount (\$)**  
  
\$1,000.00

**Payee address; City; State; Zip Code**  
P. O. Box 684263  
Austin, TX 78768-4263

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

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

(If travel outside of Texas, complete Schedule T)

Office sought:  
Office held:

**Date**  
  
12/16/2009

**Payee name**  
Travis County Democratic Party

**Amount (\$)**  
  
\$1,500.00

**Payee address; City; State; Zip Code**  
P. O. Box 684263  
Austin, TX 78768-4263

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

**\*\* 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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 5/5 Report: 8/10
<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323
<b>4</b> Date  12/31/2009	<b>5</b> Payee name Trinsic Residential  ..... <b>6</b> Payee address; City: State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513	<b>7</b> Amount (\$)  \$318.30
<b>8</b> Purpose of payment (See instructions regarding type of information required.) telephone  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/31/2009	Payee name WebEx Communications, Inc.  ..... Payee address; City: State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054	Amount (\$)  \$359.70
Purpose of payment (See instructions regarding type of information required.) Data base access  (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:



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

**1 PAGE #**  
Schedule: 1/2 Report: 9/10

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

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

4 Date	5 Payee name	8 Amount (\$)
12/28/2009	5 Payee name Brown, Garry (Mr.) ----- 6 Payee address; City: State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704 ----- 7 Purpose of expenditure (See instructions regarding type of information required.) Annual bonus	\$500.00
12/28/2009	Payee name Darby, Kelly (Mrs.) ----- Payee address; City: State; Zip Code 3830 Azur Lane Round Rock, TX 78681 ----- Purpose of expenditure (See instructions regarding type of information required.) Annual bonus	\$500.00
11/01/2009	Payee name Hill Country Alliance ----- Payee address; City: State; Zip Code 15315 Hwy 71 West Austin, TX 78738 ----- Purpose of expenditure (See instructions regarding type of information required.) Charity	\$1,000.00
12/28/2009	Payee name Nalick, Michael (Mr.) ----- Payee address; City: State; Zip Code 1121B Hollowcreek Dr. Austin, TX 78704 ----- Purpose of expenditure (See instructions regarding type of information required.) Annual bonus	\$500.00
07/15/2009	Payee name Texas Association of Counties ----- Payee address; City: State; Zip Code 1210 San Antonio St. Austin, TX 78701 ----- Purpose of expenditure (See instructions regarding type of information required.) Staff parking	\$173.20

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The instruction Guide explains how to complete this form.

1 PAGE #  
Schedule: 2/2 Report: 10/10

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)  
00232323

4 Date

5 Payee name  
Texas Association of Counties

8 Amount (\$)

08/17/2009

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

\$173.20

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

Date

Payee name  
Travis County Combined Charities

Amount (\$)

11/01/2009

Payee address: City: State: Zip Code  
Grainger Building P. O. Box 1748  
Austin, TX 78767

\$100.00

Purpose of expenditure (See instructions regarding type of information required.)  
Charity