

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7472

1 ACCOUNT # 00232323	2 PAGE # 1 of 29
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen	MI	OFFICE USE ONLY Date Received FILED FOR RECORD
	NICKNAME	LAST Huber	SUFFIX	

4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	10 NOV 29 P5:36 Date Hand-delivered or Date Postmarked DANA DEBEAUVGIF COUNTY CLERK TRAVIS COUNTY Amount
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report		

5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Legal	Totals
	10/26/2008	THROUGH	12/31/2008	
				Date Processed
				Date Imaged

6 EXPLANATION OF CORRECTION

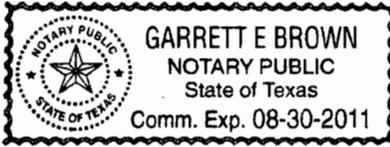
Name of Contributor changed to: Coneway, Charles, Jr. Political Expenditure of \$18.00 moved to unitemized. Political Expenditure of \$72.17 to Ramos, Sandra (Ms) Description changed reimbursement for payment to Virgin Mobile for cell phone.

7 AFFIDAVIT

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

Check ONLY if applicable:

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



AFFIX NOTARY STAMP / SEAL ABOVE

Karen Huber *Karen Huber*
Signature of Candidate or Officeholder

Sworn to and subscribed before me by KAREN HUBER this the 29 day of November, 2010.

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

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

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Huber, Karen (Mrs.)

15 ACCOUNT # (Ethics Commission filers)
00232323

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 874.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 36,825.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 419.91

4. TOTAL POLITICAL EXPENDITURES \$ 21,046.08

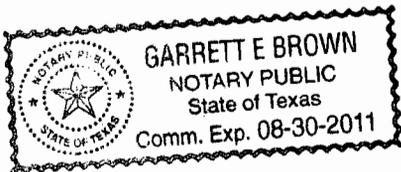
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 22,648.92

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 *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 29 day of November, 2012, 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: 1/14 Report: 4/29	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) A/TCEMS Employee Association PAC 6 Contributor address; City; State; Zip Code 400 W 14th St Ste B50 Austin, TX 78701	7 Amount of contribution (\$) \$1,000.00	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 10/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, Mary Contributor address; City; State; Zip Code 5019 Placid Pl Austin, TX 78731	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 10/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashcraft, Elizabeth Contributor address; City; State; Zip Code 4011 Bunny Run 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 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Attal, Charles Contributor address; City; State; Zip Code 98 San Jacinto Blvd Ste 430 Austin, TX 78701	Amount of contribution (\$) \$1,500.00	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Board of Realtors PAC Contributor address; City; State; Zip Code 10900 Stonelake Blvd Ste 100 Austin, TX 78759	Amount of contribution (\$) \$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)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 2/14 Report: 5/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
10/31/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Bloom, Virginia

6 Contributor address; City; State; Zip Code
5618 Medicine Creek Dr
Austin, TX 78735

7 Amount of contribution (\$)
\$150.00

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
11/20/2008

Full name of contributor out-of-state PAC (ID# _____)
BMcPAC

Contributor address; City; State; Zip Code
111 Congress Ave Ste 1400
Austin, TX 78701

Amount of contribution (\$)
\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/30/2008

Full name of contributor out-of-state PAC (ID# _____)
Burciaga, Rick

Contributor address; City; State; Zip Code
9801 Stonelake Blvd #437
Austin, TX 78759

Amount of contribution (\$)
\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/01/2008

Full name of contributor out-of-state PAC (ID# _____)
Bury, Paul III

Contributor address; City; State; Zip Code
221 W 6th St Ste 600
Austin, TX 78701

Amount of contribution (\$)
\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2008

Full name of contributor out-of-state PAC (ID# _____)
Cain, Larry

Contributor address; City; State; Zip Code
4216 Cypress Canyon Trl
Spicewood, TX 78669

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: 3/14 Report: 6/29	
2 FILER NAME Huber, Karen (Mrs.)			3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 10/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chernet, Tsegaye 6 Contributor address; City; State; Zip Code 1915 Wells Branch Pkwy # 1614 Austin, TX 78728	7 Amount of contribution (\$) \$200.00	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Coneway, Charles Jr. (Mr.) Contributor address; City; State; Zip Code 8701 Bluecreek Cv 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 10/31/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cullen, Luanne Contributor address; City; State; Zip Code 9801 Glenlake Dr Austin, TX 78730	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 10/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deshpande, Salil Contributor address; City; State; Zip Code 10603 Pickfair Dr Austin, TX 78750	Amount of contribution (\$) \$101.00	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 12/08/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DiQuinzio, Joseph Jr. Contributor address; City; State; Zip Code 500 W 7th St Austin, TX 78701	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)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/14 Report: 7/29	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/20/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dukette, Scott 6 Contributor address; City; State; Zip Code 4410 Twisted Tree Dr Austin, TX 78735	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fuelberg, Curtis Contributor address; City; State; Zip Code 1122 Colorado Ste 1501 Austin, TX 78701	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fulbright & Jaworski LLP TX Committee Contributor address; City; State; Zip Code 600 Congress Ave Ste 2400 Austin, TX 78701	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graham, Charles Contributor address; City; State; Zip Code 821 Central Ave Elgin, TX 78621	Amount of contribution (\$) \$750.00	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graves Dougherty Hearon & Moody PC Contributor address; City; State; Zip Code 401 Congress Ave Ste 2200 Austin, TX 78701	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/14 Report: 8/29	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 10/30/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Green, Deborah 6 Contributor address; City; State; Zip Code 2400 Pemberton Pl Austin, TX 78703	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gunn, William III Contributor address; City; State; Zip Code 6836 Bee Cave Rd Ste 400 Austin, TX 78746	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State PAC Contributor address; City; State; Zip Code 4030 W Braker Ln Ste 450 Austin, TX 78759	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 10/30/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hawkins, Benny Contributor address; City; State; Zip Code 2204 Forbes Dr Ste 101 Austin, TX 78754	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Home Builders Assoc of Greater Austin HomePAC Contributor address; City; State; Zip Code 8140 Exchange Dr Austin, TX 78754	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: 6/14 Report: 9/29	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 12/05/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Huthnance, Robert 6 Contributor address; City; State; Zip Code 4001 Harborlight Cv Austin, TX 78731	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Irion, Terrence Contributor address; City; State; Zip Code 2224 Walsh Tarlton Ste 210 Austin, TX 78746	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 10/26/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Issa, Michel Contributor address; City; State; Zip Code 705 C West 24th St Austin, TX 78705	Amount of contribution (\$) \$150.00	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 10/27/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kassa, Solomon Contributor address; City; State; Zip Code 2958 Donnell Dr Round Rock, TX 78664	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 11/20/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kirfman, Jack Contributor address; City; State; Zip Code 5009 Strass Dr Austin, TX 78731	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"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #

Schedule: 7/14 Report: 10/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
12/08/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Kucera, Gerald

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

\$5,000.00

6 Contributor address; City; State; Zip Code
7200 N MoPac Expwy Ste 450
Austin, TX 78731

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
12/08/2008

Full name of contributor out-of-state PAC (ID# _____)
Locke Lord Bissell & Liddell LLP

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

\$500.00

Contributor address; City; State; Zip Code
100 Congress Ste 300
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/31/2008

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

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

\$250.00

Contributor address; City; State; Zip Code
101 Ridgemont Ct
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/04/2008

Full name of contributor out-of-state PAC (ID# _____)
Lorenz, Perry

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

\$1,000.00

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/30/2008

Full name of contributor out-of-state PAC (ID# _____)
Mc Creary, Frank III

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

\$150.00

Contributor address; City; State; Zip Code
2020 Rice Blvd
Houston, TX 77005

(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: 8/14 Report: 11/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00232323

4 Date

10/30/2008

5 Full name of contributor out-of-state PAC (ID# _____)
McAfee, Mark (Mr.)

6 Contributor address; City; State; Zip Code
10463 Sprinkle Rd
Austin, TX 78754

7 Amount of contribution (\$)

\$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

10/30/2008

Full name of contributor out-of-state PAC (ID# _____)
McAfee, Mark

Contributor address; City; State; Zip Code
10463 Sprinkle Rd
Austin, TX 78754

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

11/20/2008

Full name of contributor out-of-state PAC (ID# _____)
McGinnis Lochridge & Kilgore LLP

Contributor address; City; State; Zip Code
600 Congress Ave Ste 2100
Austin, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/19/2008

Full name of contributor out-of-state PAC (ID# _____)
Meade, Nikelle

Contributor address; City; State; Zip Code
111 Congress Ave Ste 1400
Austin, TX 78701

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

10/28/2008

Full name of contributor out-of-state PAC (ID# _____)
Mersha, Abera

Contributor address; City; State; Zip Code
4501 E Riverside Dr Apt 2032
Austin, TX 78741

Amount of contribution (\$)

\$200.00

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: 9/14 Report: 12/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 5 Full name of contributor out-of-state PAC (ID# _____)
10/28/2008 Mersha, Zenaw

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)
\$200.00

6 Contributor address; City; State; Zip Code
3304 Montopolis Dr
Austin, TX 78744

(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# _____)
11/20/2008 Munsch Hardt Kopf & Harr PC

Amount of contribution (\$) | In-kind contribution description (if applicable)
\$1,250.00

Contributor address; City; State; Zip Code
600 Congress Ave Ste 2900
Austin, TX 78701

(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# _____)
11/20/2008 Murfee, George

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

Contributor address; City; State; Zip Code
1101 S Capital of Texas Hwy D-110
Austin, TX 78746

(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# _____)
10/30/2008 Murfin, Pam

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

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

(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# _____)
11/20/2008 Nias, James

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

Contributor address; City; State; Zip Code
100 Congress Ave Ste 1100
Austin, TX 78701

(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: 10/14 Report: 13/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date

12/30/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Nyfeler, John

6 Contributor address; City; State; Zip Code
3215 Hampton Rd
Austin, TX 78705

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

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

10/30/2008

Contributor address; City; State; Zip Code
919 Shannon Meadow Trl
Cedar Park, TX 78613

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

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

11/19/2008

Contributor address; City; State; Zip Code
3355 Bee Caves Rd Ste 204
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

Full name of contributor out-of-state PAC (ID# _____)
Pedersen, Craig

11/20/2008

Contributor address; City; State; Zip Code
4703 Trail Crest Cir
Austin, TX 78735

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

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

12/08/2008

Contributor address; City; State; Zip Code
510 W 15th St
Austin, TX 78701

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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 12/14 Report: 15/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 11/12/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Shaunessy, Michael (Mr.)

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

6 Contributor address; City; State; Zip Code
5904 Sir Ivor Cove
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 11/20/2008
Full name of contributor out-of-state PAC (ID# _____)
Siff, Theodore

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

Contributor address; City; State; Zip Code
604 W 11th St
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/20/2008
Full name of contributor out-of-state PAC (ID# _____)
Smith, Henry

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

Contributor address; City; State; Zip Code
12409 Cascade Caverns Trail
Austin, TX 78739

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/20/2008
Full name of contributor out-of-state PAC (ID# _____)
Smith Robertson Elliott Glen Klein & Bell LLP

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

Contributor address; City; State; Zip Code
221 W 6th St Ste 1100
Austin, TX 78701

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/01/2008
Full name of contributor out-of-state PAC (ID# _____)
Spelman, Niyanta

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

Contributor address; City; State; Zip Code
3802 Avenue F
Austin, TX 78751

(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: 13/14 Report: 16/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 11/20/2008
5 Full name of contributor out-of-state PAC (ID# _____)
Todd, Bruce
6 Contributor address; City; State; Zip Code
823 Congress Ave Ste 1505
Austin, TX 78701

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 11/26/2008
Full name of contributor out-of-state PAC (ID# _____)
Todd, Bruce
Contributor address; City; State; Zip Code
823 Congress Ave Ste 1505
Austin, TX 78701

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 11/13/2008
Full name of contributor out-of-state PAC (ID# _____)
Travis County Democratic Party
Contributor address; City; State; Zip Code
P.O. Box 684263
Austin, TX 78768-4263

Amount of contribution (\$) \$700.00
In-kind contribution description (if applicable)
Reimbursement lit. drops

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/31/2008
Full name of contributor out-of-state PAC (ID# _____)
Warren, Louis
Contributor address; City; State; Zip Code
4731 Cat Mountain Dr
Austin, TX 78731

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

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/20/2008
Full name of contributor out-of-state PAC (ID# _____)
Whitfield, Gail
Contributor address; City; State; Zip Code
1520 Ben Crenshaw Way Apt #221
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)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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

1 PAGE #
Schedule: 14/14 Report: 17/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
10/29/2008

5 Full name of contributor out-of-state PAC (ID# _____)
Winkelman, Marc

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$500.00 |

6 Contributor address; City; State; Zip Code
304 Hillcrest Ct
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/29/2008

Full name of contributor out-of-state PAC (ID# _____)
Zelege, Mulugeta

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

Contributor address; City; State; Zip Code
17205 Tobermory
Phlugerville, TX 78660

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/30/2008

Full name of contributor out-of-state PAC (ID# _____)
Zmud, Johanna

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

Contributor address; City; State; Zip Code
1402 Wild Basin Ldg
Austin, TX 78746

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 18/29

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date
11/18/2008

6 Full name of pledgor out-of-state PAC (ID# _____)
Armbrust, David

7 Pledgor address; City; State; Zip Code
100 Congress Ave Ste 1300
Austin, TX 78701

8 Amount of pledge (\$)
\$2,500.00

9 In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date
11/18/2008

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

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

Amount of pledge (\$)
\$2,500.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/20/2008

Full name of pledgor out-of-state PAC (ID# _____)
Wheeler, Richard Jr.

Pledgor address; City; State; Zip Code
16002 Canard Cir
Austin, TX 78734

Amount of pledge (\$)
\$1,000.00

In-kind description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/11 Report: 19/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 11/05/2008	5 Payee name American Express
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6 Amount (\$) \$4.50	7 Payee address City; State; Zip Code P.P. Box 53852 Phoenix, AZ 85072-3852
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/10/2008	Payee name American Express
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Amount (\$) \$229.36	Payee address City; State; Zip Code P.P. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card Merchant fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/05/2008	Payee name American Express
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Amount (\$) \$4.95	Payee address City; State; Zip Code P.P. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/09/2008	Payee name American Express
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Amount (\$) \$1.48	Payee address City; State; Zip Code P.P. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> credit card fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/11 Report: 20/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 12/20/2008	5 Payee name Apple Store
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6 Amount (\$) \$2,326.96	7 Payee address City; State; Zip Code 2901 So. Capital of Texas Hwy Austin, TX 78746
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Laptop computer for services to campaign
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2008	Payee name Bank of America
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Amount (\$) \$291.14	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/01/2008	Payee name Bank of America
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Amount (\$) \$112.12	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/04/2008	Payee name Bean, Sam (Mr.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 1013 W. 23rd St. Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/11 Report: 21/29		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 11/15/2008		5 Payee name Beers, Stephen (Mr.)			
6 Amount (\$) \$125.00		7 Payee address City; State; Zip Code 107-A E. 47th St. Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/21/2008		Payee name Brown, Garry (Mr.)			
Amount (\$) \$300.00		Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/03/2008		Payee name Butts, David (Mr.)			
Amount (\$) \$800.00		Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consultant	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/30/2008		Payee name Checkmark Typesetting			
Amount (\$) \$368.05		Payee address City; State; Zip Code 3217 No. I. H. 35 Austin, TX 78722			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printing	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/11 Report: 22/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 11/09/2008	5 Payee name Constant Contact
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6 Amount (\$) \$58.44	7 Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/04/2008	Payee name Fosbier, Tom (Mr.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 2209 Lawnmont Ave. Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2008	Payee name Garza, Kristina (Ms.)
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Amount (\$) \$1,250.00	Payee address City; State; Zip Code 2303 Eastside De. Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/15/2008	Payee name Garza, Kristina (Ms.)
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Amount (\$) \$791.67	Payee address City; State; Zip Code 2303 Eastside Dr. Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/11 Report: 23/29		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 12/03/2008		5 Payee name Garza, Kristina (Ms.)			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code 2303 Eastside Dr. Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/31/2008		Payee name Garza, Marivel (Ms.)			
Amount (\$) \$750.00		Payee address City; State; Zip Code 4588 Mather Kyle, TX 78640			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/12/2008		Payee name Global Printing Solutions			
Amount (\$) \$352.90		Payee address City; State; Zip Code 5114 Balcones Woods Dr. #309 Austin, TX 78759			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> flyers	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2008		Payee name Goss, Delwin (Mr.)			
Amount (\$) \$200.00		Payee address City; State; Zip Code 6410 Ponca St. Austin, TX 78741			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> sign placements	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/11 Report: 24/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 12/17/2008	5 Payee name Headliner's Club
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6 Amount (\$) \$1,450.45	7 Payee address City; State; Zip Code P.O. Box 97 Austin, TX 78767
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fundraising expenses
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/15/2008	Payee name Lowe's
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Amount (\$) \$30.22	Payee address City; State; Zip Code 12611 Shops Parkway #100 Bee Caves,, TX 78738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/17/2008	Payee name Lowe's
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Amount (\$) \$37.86	Payee address City; State; Zip Code 12611 Shops Parkway #100 Bee Caves,, TX 78738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> event expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/12/2008	Payee name Lucky Mart Bee Caves
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Amount (\$) \$19.22	Payee address City; State; Zip Code 14211 Hwy. 71 West Austin, TX 78738
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Highway signs
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/11 Report: 25/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 11/13/2008	5 Payee name Lucky Mart Bee Caves
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6 Amount (\$) \$46.95	7 Payee address City; State; Zip Code 14211 Hwy. 71 West Austin, TX 78738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Highway signs
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/28/2008	Payee name Matrix Telecom
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Amount (\$) \$72.28	Payee address City; State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/20/2008	Payee name Matrix Telecom
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Amount (\$) \$54.39	Payee address City; State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/22/2008	Payee name Matrix Telecom
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Amount (\$) \$54.39	Payee address City; State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Telephone service
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/11 Report: 26/29		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 11/07/2008		5 Payee name Neely, Mary Ann (Ms.)			
6 Amount (\$) \$3,000.00		7 Payee address City; State; Zip Code 1908 Barton Parkway Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/04/2008		Payee name Nelson, Leslie (Ms.)			
Amount (\$) \$100.00		Payee address City; State; Zip Code 1002 Redd Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Contract labor	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/30/2008		Payee name Office Max			
Amount (\$) \$151.54		Payee address City; State; Zip Code 907 W. 5th St. Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/12/2008		Payee name Office Max			
Amount (\$) \$81.68		Payee address City; State; Zip Code 907 W. 5th St. Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event supplies	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 27/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 11/07/2008	5 Payee name Ramos, Sandra (Ms.)
6 Amount (\$) \$72.17	7 Payee address City; State; Zip Code 5201 Oak Valley Dr. Austin, TX 78731

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> reimbursement for payment to Virgin Mobil for cell phone
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/31/2008	Payee name Ricks Refills
Amount (\$) \$113.66	Payee address City; State; Zip Code 6800 West Gate Blvd. # 133 Austin, TX 78745

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/07/2008	Payee name Ricks Refills
Amount (\$) \$135.31	Payee address City; State; Zip Code 6800 West Gate Blvd. # 133 Austin, TX 78745

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/30/2008	Payee name Rindy Miller Media
Amount (\$) \$3,000.00	Payee address City; State; Zip Code 2401 East 6th St. Suite 1003 Austin, TX 78702

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TV ads
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Handwritten initials

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/11 Report: 27/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 10/31/2008	5 Payee name Ricks Refills
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6 Amount (\$) \$113.66	7 Payee address City; State; Zip Code 6800 West Gate Blvd. # 133 Austin, TX 78745
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/07/2008	Payee name Ricks Refills
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Amount (\$) \$135.31	Payee address City; State; Zip Code 6800 West Gate Blvd. # 133 Austin, TX 78745
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/30/2008	Payee name Rindy Miller Media
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Amount (\$) \$3,000.00	Payee address City; State; Zip Code 2401 East 6th St. Suite 1003 Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> TV ads
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2008	Payee name Stanley Garrison & Associates
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code 812 San Antonio St. Suite G-23 Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> consulting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 10/11 Report: 28/29	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 12/23/2008	5 Payee name Star Events, LLC
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6 Amount (\$) \$375.00	7 Payee address City; State; Zip Code 15000 Hamilton Pool Rd. Austin, TX 78738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2008	Payee name Taco X-press
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Amount (\$) \$64.48	Payee address City; State; Zip Code 2529 So. Lamar Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising expenses
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/03/2008	Payee name Travis County Democratic Party
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> rent
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/07/2008	Payee name Virgin Mobile
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Amount (\$) \$72.17	Payee address City; State; Zip Code 500 Congress Ave. Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign cell phone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Handwritten initials/signature

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 11/11 Report: 29/29		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 11/04/2008		5 Payee name Williams, Rebecca (Ms.)			
6 Amount (\$) \$100.00		7 Payee address City; State; Zip Code 2414 Longview #310 Austin, TX 78705			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	