

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7474

1 ACCOUNT # 00232323	2 PAGE # 1 of 8
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen	MI	FILED OFFICE USE ONLY Date Received 10 NOV 29 P5:39 Date Hand-delivered or Date Postmarked DAHA DEBEAUVRE COUNTY CLERK TRAVIS COUNTY TX		
	NICKNAME	LAST Huber	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input checked="" 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
	01/01/2010		THROUGH		06/30/2010	
	Legal			Totals		
	Date Processed					
Date Imaged						

6 EXPLANATION OF CORRECTION

Corrected report of \$56.00 expenditure to show it as reimbursement for payment to U. S. Postal Service for Campaign P. O. Box rental

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

Sworn to and subscribed before me by KAREN HUBER this the 29 day of November, 2010.
to certify which, witness my hand and seal of office.

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

Karen Huber Karen Huber
Signature of Candidate or Officeholder

**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	\$	0.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	130.00
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	97.91
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4. TOTAL POLITICAL EXPENDITURES	\$	2,250.95
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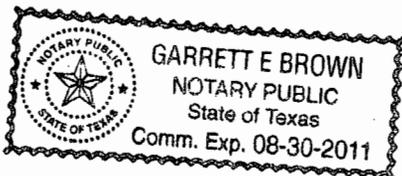
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	11,987.90
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OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
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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, 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: 4/8

2 FILER NAME Huber, Karen (Mrs.)

3 ACCOUNT # (Ethics Commission filers)

00232323

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Smith, Henry B. (Mr.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

05/06/2010

6 Contributor address; City; State; Zip Code
12409 Cascade Caverns Tr.
Austin, TX 78739

\$130.00

Business Comm.
Breakfast

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 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: 1/3 Report: 5/8	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 01/01/2010	5 Payee name Bank of America
6 Amount (\$) \$22.45	7 Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant 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 02/01/2010	Payee name Bank of America
Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	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 03/01/2010	Payee name Bank of America
Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	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 04/01/2010	Payee name Bank of America
Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	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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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: 2/3 Report: 6/8		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 05/01/2010		5 Payee name Bank of America			
6 Amount (\$) \$22.45		7 Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/01/2010		Payee name Bank of America			
Amount (\$) \$22.45		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/26/2010		Payee name Breed & Co			
Amount (\$) \$133.96		Payee address City; State; Zip Code 3663 Bee Cave Rd. Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> services appreciation	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/28/2010		Payee name Brown, Garry (Mr.)			
Amount (\$) \$410.00		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) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign manager	
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: 3/3 Report: 7/8	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 06/25/2010	5 Payee name Constant Contact
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6 Amount (\$) \$510.00	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) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email distribution
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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 06/09/2010	Payee name Huber, Karen (Mrs.)
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Amount (\$) \$56.00	Payee address City; State; Zip Code 23020 Pedernales Cyn. Trl. Spicewood, TX 78669-6431
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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"/> reimbursement for Campaign P.O. Box rental
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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 06/25/2010	Payee name Trinsic Residential
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Amount (\$) \$323.68	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) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> telephone
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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 04/10/2010	Payee name WebEx Communications, Inc.
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Amount (\$) \$584.70	Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data base access
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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: 1/3 Report: 8/8 **2** FILER NAME Huber, Karen (Mrs.) **3** ACCOUNT # (TEC filers) 00232323

4 Date 02/09/2010 **5** Payee name Azul Tequila

6 Amount (\$) \$43.14 **7** Payee address City; State; Zip Code
4211 So. Lamar
Austin, TX 78704

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) Staff lunches

Date 06/25/2010 Payee name Cypress Grill

Amount (\$) \$69.53 Payee address City; State; Zip Code
4404 West William Cannon
Austin, TX 78749

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Food/Beverage Expense Description (See instructions regarding type of information required.) Staff lunches

Date 01/18/2010 Payee name Political Action Committee of Winstead, PC

Amount (\$) \$500.00 Payee address City; State; Zip Code
5400 Renaissance Tower
1201 Elm St.
Dallas, TX 75270

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense Description (See instructions regarding type of information required.) Refund political contribution