

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7475

<b>1</b> ACCOUNT #	00232323	<b>2</b> PAGE #	1 of 11
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<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen	<b>FILED FOR RECORD USE ONLY</b> Date Received 10 NOV 29 05:39	
	NICKNAME	LAST Huber		
<b>4</b> ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<b>DATA DEFERRED</b> Date Hand-delivered or Date Postmarked	
	<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		
<b>5</b> ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Legal	Amount
	07/01/2009	THROUGH 12/31/2009	Date Processed	Totals
Date Imaged				

**6** EXPLANATION OF CORRECTION

Entered Federal Election Code # C00385989 for PBSJ Corp. Political Action Committee. Entered \$10,000.00 loan repayment as a political expenditure on Schedule F.

**7** AFFIDAVIT

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

Check ONLY if applicable:

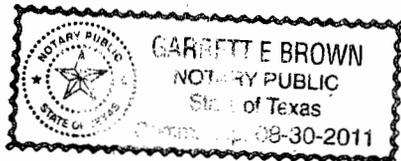
I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by KAREN HUBER this the 29 day of November, 20 10.

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

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

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

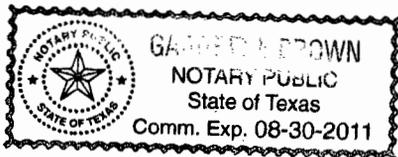
CONTRIBUTION BALANCE

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 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: 4/11

**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

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

**7** Amount of contribution (\$)

\$500.00

**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

09/24/2009

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

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

Amount of contribution (\$)

\$1,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

07/24/2009

Full name of contributor  out-of-state PAC (ID# C00385989 )  
PBSJ CORP. POLITICAL ACTION COMMITTEE

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

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/28/2009

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

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

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)

**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.

<b>1</b> PAGE # Schedule: 1/5 Report: 5/11	<b>2</b> FILER NAME Huber, Karen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 07/15/2009	<b>5</b> Payee name Austin AFL-CIO Council
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<b>6</b> Amount (\$) \$215.00	<b>7</b> Payee address City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> advertising
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/01/2009	Payee name Bank of America
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Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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<b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/31/2009	Payee name Bank of America
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Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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<b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/01/2009	Payee name Bank of America
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Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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<b>PURPOSE OF EXPENDITURE</b>	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 <b>ONLY</b> 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.

<b>1</b> PAGE # Schedule: 2/5 Report: 6/11	<b>2</b> FILER NAME Huber, Karen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 10/01/2009	<b>5</b> Payee name Bank of America		
<b>6</b> Amount (\$) \$22.45	<b>7</b> Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485		

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card fees
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/02/2009	Payee name Bank of America		
Amount (\$) \$22.45	Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485		

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

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

<b>PURPOSE OF EXPENDITURE</b>	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.

<b>1 PAGE #</b> Schedule: 3/5 Report: 7/11	<b>2 FILER NAME</b> Huber, Karen (Mrs.)	<b>3 ACCOUNT # (TEC filers)</b> 00232323
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<b>4 Date</b> 11/23/2009	<b>5 Payee name</b> Brown, Garry (Mr.)
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<b>6 Amount (\$)</b> \$180.00	<b>7 Payee address</b> City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704
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<b>8 PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</b> (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contract labor
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 12/31/2009	<b>Payee name</b> Constant Contact
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<b>Amount (\$)</b> \$510.00	<b>Payee address</b> City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 07/15/2009	<b>Payee name</b> Eddie Rodriguez Campaign
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<b>Amount (\$)</b> \$250.00	<b>Payee address</b> City; State; Zip Code P.O. Box 2436 Austin, TX 78768
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
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Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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<b>Date</b> 12/31/2009	<b>Payee name</b> Godaddy.com
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<b>Amount (\$)</b> \$95.76	<b>Payee address</b> City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Web hosting
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Complete <b>ONLY</b> 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	Printing Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees		Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE # Schedule: 4/5 Report: 8/11      **2** FILER NAME Huber, Karen (Mrs.)      **3** ACCOUNT # (TEC filers) 00232323

**4** Date 07/27/2009      **5** Payee name Huber, Leonard (Mr.)

**6** Amount (\$) \$10,000.00      **7** Payee address City; State; Zip Code  
23020 Pedernales Cyn. Trl.  
Spicewood, TX 78669-6431

**8** PURPOSE OF EXPENDITURE      (a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement      (b) Description (If travel outside of Texas, complete Schedule T)  Loan made 03/10/2008

**9** Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      Office sought:      Office held:

~~Date 12/31/2009      Payee name Office Max~~

~~Amount (\$) \$17.30      Payee address City; State; Zip Code  
Shops at the Galleria  
Austin, TX 78738~~

~~PURPOSE OF EXPENDITURE      Category (See Categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)  Event supplies~~

~~Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      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 EXPENDITURE      Category (See Categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)  Political contribution~~

~~Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name      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 EXPENDITURE      Category (See Categories listed at the top of this schedule)      Description (If travel outside of Texas, complete Schedule T)  Political Contribution~~

~~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.

<b>1</b> PAGE # Schedule: 4/5 Report: 8/11	<b>2</b> FILER NAME Huber, Karen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 12/31/2009	<b>5</b> Payee name Office Max
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<b>6</b> Amount (\$) \$17.30	<b>7</b> Payee address City; State; Zip Code Shops at the Galleria Austin, TX 78738
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<b>8</b> 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 supplies
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 09/01/2009	Payee name South Austin Democrats
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Amount (\$) \$100.00	Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
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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 09/01/2009	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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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Contribution
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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 12/16/2009	Payee name Travis County Democratic Party
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Amount (\$) \$1,500.00	Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political Contribution
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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.

<b>1</b> PAGE # Schedule: 5/5 Report: 9/11	<b>2</b> FILER NAME Huber, Karen (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 12/31/2009	<b>5</b> Payee name Trinsic Residential
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<b>6</b> Amount (\$) \$318.30	<b>7</b> Payee address City; State; Zip Code 201 Brookwood Rd. Atmore, AL 36502-3513
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<b>8</b> 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"/> telephone
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 12/31/2009	Payee name WebEx Communications, Inc.
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Amount (\$) \$359.70	Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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.

<b>1</b> PAGE # Schedule: 1/5 Report: 10/11		<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 12/28/2009		<b>5</b> Payee name Brown, Garry (Mr.)			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description (See instructions regarding type of information required.) Annual bonus	
Date 12/28/2009		Payee name Darby, Kelly (Mrs.)			
Amount (\$) \$500.00		Payee address City; State; Zip Code 3830 Azur Lane Round Rock, TX 78681			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (See instructions regarding type of information required.) Annual bonus	
Date 11/01/2009		Payee name Hill Country Alliance			
Amount (\$) \$1,000.00		Payee address City; State; Zip Code 15315 Hwy 71 West Austin, TX 78738			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (See instructions regarding type of information required.) Charity	
<del>Date 07/27/2009</del>		<del>Payee name Huber, Leonard (Mr.)</del>			
<del>Amount (\$) \$10,000.00</del>		<del>Payee address City; State; Zip Code 23020 Pedernales Cyn. Trl. Spicewood, TX 78669-0431</del>			
<del>PURPOSE OF EXPENDITURE</del>		<del>Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement</del>		<del>Description (See instructions regarding type of information required.) Loan made 03/10/2008</del>	

# 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.

<b>1</b> PAGE # Schedule: 2/5 Report: 11/11		<b>2</b> FILER NAME Huber, Karen (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 12/28/2009		<b>5</b> Payee name Nalick, Michael (Mr.)			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address City; State; Zip Code 1121B Hollowcreek Dr. Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description (See instructions regarding type of information required.) Annual bonus	
Date 07/15/2009		Payee name Texas Association of Counties			
Amount (\$) \$173.20		Payee address City; State; Zip Code 1210 San Antonio St. Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (See instructions regarding type of information required.) Staff parking	
Date 08/17/2009		Payee name Texas Association of Counties			
Amount (\$) \$173.20		Payee address City; State; Zip Code 1210 San Antonio St. Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (See instructions regarding type of information required.) Staff parking	
Date 11/01/2009		Payee name Travis County Combined Charities			
Amount (\$) \$100.00		Payee address City; State; Zip Code Grainger Building P. O. Box 1748 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description (See instructions regarding type of information required.) Charity	