

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7502

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME	FIRST David LAST	MI A. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5703 Spurflower Dr. Austin TX 78759		OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 338-1269	EXTENSION 37
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST David LAST	MI A. SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5703 Spurflower Dr. Austin TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 338-1269	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 10 THROUGH 12 / 31 / 10		
11 ELECTION	ELECTION DATE Month Day Year 03 / 06 / 12	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis County Attorney	13 OFFICE SOUGHT (if known) Travis County Attorney	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE. Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

15 C/OH NAME David A. Escamilla **16 ACCOUNT #** (Ethics Commission Filers)

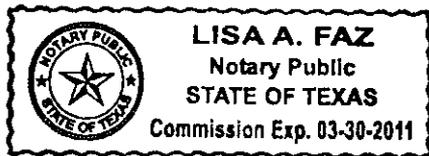
17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,625.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 64,871.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

19 AFFIDAVIT



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

David A. Escamilla

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla, this the 18th day of January, 20 11, to certify which, witness my hand and seal of office.

Lisa A. Faz
Signature of officer administering oath

Lisa A. Faz
Printed name of officer administering oath

Secretary
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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 Total pages Schedule F: Page 1 of 3		2 FILER NAME David A. Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/28/10		5 Payee name Doggett for US Congress			
6 Amount (\$) \$ 1000.00		7 Payee address; City; State; Zip Code PO Box 5843 Austin, TX 78763			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/28/10		Payee name Karin Crump Campaign			
Amount (\$) \$ 250.00		Payee address; City; State; Zip Code 10601 FM 2222, Suite R160 Austin, TX 78730			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/05/10		Payee name Kirk Watson for Texas Senate			
Amount (\$) \$ 1000.00		Payee address; City; State; Zip Code PO Box 2004 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/06/10		Payee name Valinda Bolton Campaign			
Amount (\$) \$ 500.00		Payee address; City; State; Zip Code PO Box 843 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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)

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1 Total pages Schedule F: Page 2 of 3	2 FILER NAME David A. Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/06/10	5 Payee name South Austin Democrats	
6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code 7400 Ladle Lane Austin, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Yellow Dog Award Political Event Sponsor
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/10	Payee name Sarah Eckhardt Campaign	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code PO Box 301586 Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	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 10/21/10	Payee name Sam Biscoe Reelection Campaign	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 201 Barton Springs Road Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	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 10/25/10	Payee name Donna Howard Campaign	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code PO Box 2124 Austin, TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	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

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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials 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)

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1 Total pages Schedule F: Page 3 of 3	2 FILER NAME David A. Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/25/10	5 Payee name Kurt Kuhn Campaign	
6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code PO Box 30492 Austin, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/06/10	Payee name Diana Maldonado Campaign	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 894 Summit St., Suite 109 Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials 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)

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1 Total pages Schedule G: Page 1 of 2.		2 FILER NAME David A. Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 7/22/10		5 Payee name Travis County Democratic Party			
6 Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Donations Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 8/25/10		Payee name Travis County Democratic Party			
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 9/20/10		Payee name Travis County Democratic Party			
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 11/22/10		Payee name Travis County Democratic Party			
Amount (\$) \$25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Donations Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials 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 Total pages Schedule G: Page 2 of 2	2 FILER NAME David A. Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 12/22/10	5 Payee name Travis County Democratic Party
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6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO Box 684263 Austin, TX 78768
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Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donations Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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Reimbursement from political contributions intended

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