

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
00232323

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	50.00
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2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	33,171.41
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EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	77.73
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4. TOTAL POLITICAL EXPENDITURES	\$	2,687.11
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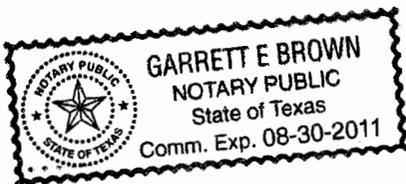
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	35,768.60
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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
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen Huber, this the 5th day of July, 2011, 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: 1/9 Report: 3/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akins, Pamela (Mrs.) 6 Contributor address; City; State; Zip Code 1025 Marly Way Austin, TX 78733	7 Amount of contribution (\$) \$100.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Altounian, David Contributor address; City; State; Zip Code 401 Terrace Mountain Dr. West Lake Hills, TX 78746	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 03/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armbrust, David (Mr.) Contributor address; City; State; Zip Code 2807 Regents Park Austin, TX 78746	Amount of contribution (\$) \$2,500.00	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 02/12/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert (Mr.) Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703	Amount of contribution (\$) \$1,000.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Patricia (Mrs.) Contributor address; City; State; Zip Code 2901 Bee Caves Rd Ste D Austin, TX 78746	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: 2/9 Report: 4/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaver, Becky (Ms.) 6 Contributor address; City; State; Zip Code 816 Congress Ave. Suite 1600 Austin, TX 78701	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berry, George (Mr.) Contributor address; City; State; Zip Code 1401 Wathen Austin, TX 78703	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bingham, Bill (Mr.) Contributor address; City; State; Zip Code 612 East 43rd St. Austin, TX 78751	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Braun, David Contributor address; City; State; Zip Code PO Box 466 Dripping Springs, TX 78620	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brockenbrough, Anne (Ms.) Contributor address; City; State; Zip Code 11318 Jones Rd. Manor, TX 78653	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
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: 3/9 Report: 5/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brown McCarroll PAC 6 Contributor address; City; State; Zip Code 111 Congress Ave. Suite 1400 Austin, TX 78701	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bugen, Larry (Mr.) Contributor address; City; State; Zip Code 6408 Canon Wren Dr Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carlson, Thomas (Mr.) Contributor address; City; State; Zip Code 5501 W. William Cannon Dr. Austin, TX 78749	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, Tommy (Mr.) Contributor address; City; State; Zip Code 5407 Bull Run Cir. Austin, TX 78727	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/25/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Tad (Dr.) Contributor address; City; State; Zip Code 2510 Camino Alto Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
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: 4/9 Report: 6/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dickie, Martha (Mrs.) 6 Contributor address; City; State; Zip Code 503 Brookhaven Trail Austin, TX 78746	7 Amount of contribution (\$) \$150.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dukette, Scott (Mr.) Contributor address; City; State; Zip Code 4410 Twisted Tree Dr Austin, TX 78735	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eledge, Michael (Mr.) Contributor address; City; State; Zip Code 3705A Gilbert Austin, TX 78703	Amount of contribution (\$) \$150.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Jay (Mr.) Contributor address; City; State; Zip Code 4002 Gaines Court Austin, TX 78735	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greenwood, Cindy (Ms.) Contributor address; City; State; Zip Code 2806 Rivercrest Dr. Austin, TX 78746	Amount of contribution (\$) \$150.00	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: 5/9 Report: 7/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hamilton, Lynn (Mrs.) 6 Contributor address; City; State; Zip Code 1034 Liberty Park Dr. Apt. 215 Austin, TX 78746	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hargrove, Richard (Mr.) Contributor address; City; State; Zip Code 4907 Bull Mountain Cv. Austin, TX 78746	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 02/26/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hogge, John (Dr.) Contributor address; City; State; Zip Code 1404 Wild Cat Hollow Dr. Austin, TX 78746	Amount of contribution (\$) \$2,271.41	In-kind contribution description (if applicable) Fund Raiser; Food & Bev. \$1,075, Valet \$641.56, Decor & Rentals \$304.85, Clean up \$250.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/19/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) House, Randall (Mr.) Contributor address; City; State; Zip Code 13412 Saddleback Pass Austin, TX 78738	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linehan, Paul (Mr.) Contributor address; City; State; Zip Code 3502 Lost Green Blvd. Austin, TX 78735-1506	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: 6/9 Report: 8/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/22/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry (Mr.) 6 Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702	7 Amount of contribution (\$) \$2,500.00	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 02/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowenthal, Eugene Contributor address; City; State; Zip Code 9600 Crumley Ranch Rd Austin, TX 78738	Amount of contribution (\$) \$350.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massaro, Vera (Ms.) Contributor address; City; State; Zip Code 3000 Savoy Place Austin, TX 78757	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Massingill, Galvin (Mr.) Contributor address; City; State; Zip Code 1111 Guadalupe Austin, TX 78701	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 04/01/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meade, Nikelle (Ms.) Contributor address; City; State; Zip Code 5363 Astral Loop Austin, TX 78739	Amount of contribution (\$) \$2,500.00	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: 7/9 Report: 9/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Frosty (Mr.) 6 Contributor address; City; State; Zip Code 8105 Danforth Cove Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) New, Edd (Mr.) 6 Contributor address; City; State; Zip Code 8819 Chalk Knoll Dr. Austin, TX 78735	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 03/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niland, Nona MD 6 Contributor address; City; State; Zip Code 3939 Bee Cave Rd Bldg C-100 Austin, TX 78746	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 02/10/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Bettye (Mrs.) 6 Contributor address; City; State; Zip Code PO Box 684489 Austin, TX 78768	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 04/06/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedersen, Craig 6 Contributor address; City; State; Zip Code 4703 Trail Crest Cir Austin, TX 78735	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/19	
2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis (Mrs.) 6 Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763	7 Amount of contribution (\$) \$1,000.00	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Priour, Damian (Mr.) Contributor address; City; State; Zip Code 17120 Hamilton Pool Rd Austin, TX 78738	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Pamela (Mrs.) Contributor address; City; State; Zip Code 3511 Westlake Dr Austin, TX 78746	Amount of contribution (\$) \$5,000.00	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 04/27/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Salinas, Trey (Mr.) Contributor address; City; State; Zip Code 1221 So. MOPAC, Ste. 365 Austin, TX 78746	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 02/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stauch, David (Mr.) Contributor address; City; State; Zip Code 1311 Falcon Ledge Dr. Austin, TX 78746	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 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: 1/8 Report: 12/19	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 01/03/2011	5 Payee name American Express
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6 Amount (\$) \$7.95	7 Payee address City; State; Zip Code P.O. 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) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 02/03/2011	Payee name American Express
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Amount (\$) \$7.95	Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 03/03/2011	Payee name American Express
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Amount (\$) \$7.95	Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 03/07/2011	Payee name American Express
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Amount (\$) \$4.95	Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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: 2/8 Report: 13/19	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 04/04/2011	5 Payee name American Express
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6 Amount (\$) \$7.95	7 Payee address City; State; Zip Code P.O. 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) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 05/03/2011	Payee name American Express
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Amount (\$) \$7.95	Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 06/03/2011	Payee name American Express
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Amount (\$) \$7.95	Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 01/02/2011	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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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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: 3/8 Report: 14/19	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 02/01/2011	5 Payee name Bank of America
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6 Amount (\$) \$22.45	7 Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 03/01/2011	Payee name Bank of America
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Amount (\$) \$133.71	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 04/01/2011	Payee name Bank of America
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Amount (\$) \$65.99	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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 05/02/2011	Payee name Bank of America
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Amount (\$) \$105.82	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) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection 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: 4/8 Report: 15/19		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 06/01/2011		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) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant a/c collection fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/02/2011		Payee name Brown, Garry (Mr.)			
Amount (\$) \$120.00		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"/> Fundraising event	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/14/2011		Payee name Checkmark Typesetting			
Amount (\$) \$116.44		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/25/2011		Payee name Checkmark Typesetting			
Amount (\$) \$70.36		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) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Sponsor board	
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: 5/8 Report: 16/19		2 FILER NAME Huber, Karen (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 01/09/2011		5 Payee name Constant Contact			
6 Amount (\$) \$58.99		7 Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451			
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 service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/09/2011		Payee name Constant Contact			
Amount (\$) \$58.99		Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451			
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"/> Email service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/09/2011		Payee name Constant Contact			
Amount (\$) \$58.99		Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451			
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"/> Email service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/08/2011		Payee name Constant Contact			
Amount (\$) \$58.99		Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451			
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"/> Email service	
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: 6/9 Report: 17/20	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 05/08/2011	5 Payee name Constant Contact
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6 Amount (\$) \$58.99	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 service
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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 02/23/2011	Payee name Cups & Cones
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Amount (\$) \$60.00	Payee address City; State; Zip Code 2900 No. Quillan Park Rd. Ste.290 Austin, TX 78732
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constituents meeting
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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 06/29/2011	Payee name Duarte, Lori (Ms.)
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Amount (\$) \$100.00	Payee address City; State; Zip Code 90001 Amberglen Dr. #7208 Austin, TX 78729
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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"/> 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 02/25/2011	Payee name Fedex Kinkos
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Amount (\$) \$191.60	Payee address City; State; Zip Code 3300 Bee Caves Rd. Austin, TX 78746
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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"/> letterhead
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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: 7/9 Report: 18/20	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 01/22/2011	5 Payee name Godaddy.com
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6 Amount (\$) \$196.86	7 Payee address City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260
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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"/> Internet web hosting
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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 02/28/2011	Payee name Godaddy.com
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Amount (\$) \$143.26	Payee address City; State; Zip Code 14455 N. Hayden Rd., #219 Scottsdale, AZ 85260
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8 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"/> web hosting
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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 06/15/2011	Payee name La Madeleine
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Amount (\$) \$60.56	Payee address City; State; Zip Code 701 Capital of Texas Hwy Ste G Austin, TX 78746
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constituents meeting
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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 05/18/2011	Payee name Mr. Natural
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Amount (\$) \$43.27	Payee address City; State; Zip Code 2414A So. Lamar Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constituents meeting
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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: 8/9 Report: 19/20	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 02/24/2011	5 Payee name Muchos Tacos
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6 Amount (\$) \$43.92	7 Payee address City; State; Zip Code 12110 Manchaca Rd. Austin, TX 78652
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constituents meeting
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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 02/21/2011	Payee name Office Max
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Amount (\$) \$15.16	Payee address City; State; Zip Code Shops at the Galleria Austin, TX 78738
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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"/> 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 01/19/2011	Payee name Panera Bread
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Amount (\$) \$48.44	Payee address City; State; Zip Code 4625 West William Cannon Austin, TX 78749
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Constituents meeting
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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 02/25/2011	Payee name Staples
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Amount (\$) \$23.34	Payee address City; State; Zip Code 1201 Barbara Jordan Blvd. Suite 700 Austin, TX 78723
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Name tags, pens
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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: 9/9 Report: 20/20	2 FILER NAME Huber, Karen (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 06/23/2011	5 Payee name U.S.Postal Service
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6 Amount (\$) \$71.00	7 Payee address City; State; Zip Code U.S. Postmaster Austin, TX 78705-9997
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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"/> Post Office Box Rental
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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 04/05/2011	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 management
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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