

FORM COR-C/OH

7622

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 8		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year		
	01 / 01 / 2011		06 / 30 / 2011		

OFFICE USE ONLY
 JUL 15 AM 11:33
 DANA DEBAVOIN
 COUNTY CLERK
 AND COUNTY TEXAS

6 EXPLANATION OF CORRECTION

Notary public affidavit on original report inadvertently omitted date upon which oath was administered. An identical report is attached with a new notary public affidavit evidencing date of administered oath.

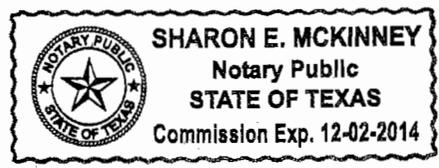
This corrected report is to be filed prior to the end of day July 15, 2011 statutory deadline for the original report and, therefore, will not constitute a late filing.

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.



SHARON E. MCKINNEY
Notary Public
STATE OF TEXAS
Commission Exp. 12-02-2014

S. A. Escamilla
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by David A. Escamilla this the 15th day of July, 2011 to certify which, witness my hand and seal of office.

Sharon McKinney
Signature of officer administering oath

Sharon McKinney
Printed name of officer administering oath

Adm Asst II
Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: <div style="text-align: right; font-size: 24px; font-weight: bold;">7</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. David A. <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Escamilla</div>	<div style="border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> Date Received Date Hand-delivered or Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount</td> </tr> </table> Date Processed Date Imaged		Receipt #	Amount						
Receipt #	Amount										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">5703 Spurflower Dr. Austin TX 78759</div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(512) 338-1269</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. David A. <hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Escamilla</div>										
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-weight: bold; font-size: 1.2em;">5703 Spurflower Dr. Austin TX 78759</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(512) 338-1269</div>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" 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)
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<input checked="" 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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;">01 / 01 / 2011 THROUGH 06 / 30 / 2011</div>										
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-weight: bold; font-size: 1.2em;">03 / 06 / 2012</div>	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) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Travis County Attorney</div>	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Travis County Attorney</div>									
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 Albert 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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 \$ 10.00

4. TOTAL POLITICAL EXPENDITURES \$ 1,460.00

CONTRIBUTION BALANCE

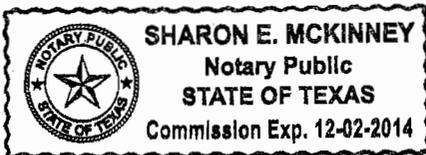
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 63,071.14

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 15 day of July, 20 11, to certify which, witness my hand and seal of office.

Sharon E. McKinney
Signature of officer administering oath

Sharon McKinney
Printed name of officer administering oath

Adm Asst II
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: 1 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)	
4 Date 02/03/11	5 Payee name Capital Area Asian American Democrats		
6 Amount (\$) \$ 100.00	7 Payee address; City; State; Zip Code CAAAD Asian American Progress PAC PO Box 300595 Austin, TX 78703		
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) Sponsorship - Annual Political Fundraiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/22/11	Payee name Karen Sage Campaign		
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code PO Box 40876 Austin, TX 78704		
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 02/28/11	Payee name John Lipscombe Campaign		
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code 908 E. 5th St. #114 Austin, TX 78702		
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 04/05/11	Payee name Central Texas Democratic Forum		
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code 701 Brazos St., Suite 500 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 <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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 04/07/11	5 Payee name Donna Howard Campaign	
6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code PO Box 2124 Austin, TX 78768	
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 04/14/11	Payee name Black Austin Democrats	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code PO Box 212 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
Date 05/11/11	Payee name Ron Davis Campaign	
Amount (\$) \$ 100.00	Payee address; City; State; Zip Code PO Box 5674 Austin, TX 78763	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 1/24/11		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) Contributions Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 2/24/11		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) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 3/24/11		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) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 4/25/11		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) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/25/11	5 Payee name Travis County Democratic Party
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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
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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
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Date 6/27/11	Payee name Travis County Democratic Party
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Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768
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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
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1 of 1	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/15/11	5 Payee name Triple B BBQ Team Charity Fund
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6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code Triple B Team Charity Fund, Inc. c/o Jim Burkey 12206 W. Cow Path, Austin, TX 78727
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donations Made By Officeholder	(b) Description (See instructions regarding type of information required.) Charitable Donation
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED