

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Huber, Karen L. (Mrs.)

14 ACCOUNT # (Ethics Commission filers)
00232323

15 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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,025.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 49,856.05

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 382.17

4. TOTAL POLITICAL EXPENDITURES

\$ 16,766.21

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 63,602.19

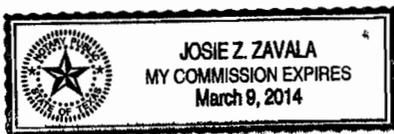
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

17 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 L. Huber
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen L. Huber, this the 17th day of January, 2012, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Print name of officer administering oath

Notary Public
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: 1/16 Report: 3/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Abbott, Robert (Mr.) ----- 6 Contributor address; City; State; Zip Code 2118 Kimra Lane Cedar Park, TX 78613	7 Amount of contribution (\$) \$75.00	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 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adkins, James (Mr.) ----- Contributor address; City; State; Zip Code 8406 Greenflint Lane Austin, TX 78759	Amount of contribution (\$) \$250.00	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 12/28/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Anderson, David ----- Contributor address; City; State; Zip Code 1515 Oxford Ave Austin, TX 78704	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 11/30/2011	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 (\$) \$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 12/29/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Patricia (Ms.) ----- Contributor address; City; State; Zip Code 5705 Scout Island Cove Austin, TX 79731	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)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/16 Report: 4/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert (Mr.) 6 Contributor address; City; State; Zip Code 2408 Keating Lane Austin, TX 78703	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 11/30/2011	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 78746-5570	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beall, Jonathan Contributor address; City; State; Zip Code 2503 Flora Cove Austin, TX 78746-6902	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beers, Stephen (Mr.) Contributor address; City; State; Zip Code 3201 Damell Drive Austin, TX 78745	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Betts, Charles Contributor address; City; State; Zip Code 14741 Arrowhead Dr Volente, TX 78641	Amount of contribution (\$) \$250.00	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: 3/16 Report: 5/29

2 FILER NAME Huber, Karen L. (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date
11/30/2011

5 Full name of contributor out-of-state PAC (ID# _____)
Braun, David

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
PO Box 466
Dripping Springs, TX 78620

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
11/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Bristol, Valarie

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
512 Bulian Ln
Austin, TX 78746

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/31/2011

Full name of contributor out-of-state PAC (ID# _____)
Brown McCarroll PAC

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
111 Congress Ave.
Suite 1400
Austin, TX 78701

\$2,500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Bunch, William

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
PO Box 684881
Austin, TX 78768

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/30/2011

Full name of contributor out-of-state PAC (ID# _____)
Butts, David

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1914 Patton Ln
Austin, TX 78723

\$100.00

(If travel outside of Texas, complete Schedule T)

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: 4/16 Report: 6/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cain, Larry 6 Contributor address; City; State; Zip Code 4216 Cypress Canyon Trl Spicewood, TX 78669	7 Amount of contribution (\$) \$70.00	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 11/18/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.) Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$) \$100.00	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 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clement, Cristi (Ms.) Contributor address; City; State; Zip Code 421 Meadowlakes Dr. Marble Falls, TX 78654	Amount of contribution (\$) \$100.00	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 12/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, Tommy (Mr.) Contributor address; City; State; Zip Code 1412 Collier St Austin, TX 78704	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 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daughety, Ann Contributor address; City; State; Zip Code 4001 Eagles Landing Cv Austin, TX 78735	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: 5/16 Report: 7/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 12/05/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeWitt, Brenda (Ms.) ----- 6 Contributor address; City; State; Zip Code 1660 Chippeway Ln. Austin, TX 78745	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
		\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donisi, John (Mr.) ----- Contributor address; City; State; Zip Code 2220 Parkway Austin, TX 78703	Amount of contribution (\$)	In-kind contribution description (if applicable)
		\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Douglas, Jennifer (Ms.) ----- Contributor address; City; State; Zip Code 2512 River Hills Rd. Austin, TX 78733	Amount of contribution (\$)	In-kind contribution description (if applicable)
		\$200.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott Naishtat Campaign ----- Contributor address; City; State; Zip Code 6401 Wilbur Drive Austin, TX 78757	Amount of contribution (\$)	In-kind contribution description (if applicable)
		\$100.00	
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/05/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Evans, Jay (Mr.) ----- Contributor address; City; State; Zip Code 4002 Gaines Ct. Austin, TX 78735	Amount of contribution (\$)	In-kind contribution description (if applicable)
		\$250.00	
		(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: 6/16 Report: 8/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fatzer, Sylvia 6 Contributor address; City; State; Zip Code 2003 Red Fox Rd Austin, TX 78734	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Feuerbacher, Carl (Mr.) Contributor address; City; State; Zip Code 8312 Navidad Dr. Austin, TX 78735	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fisher, Mark (Mr.) Contributor address; City; State; Zip Code P O Box 1451 Manchaca, TX 78652	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heller, Terry (Mr.) Contributor address; City; State; Zip Code 4401 Aqua Verde Drive Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hess, Myron Contributor address; City; State; Zip Code 1705 Margaret St Austin, TX 78704	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	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: 7/16 Report: 9/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 12/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Highland Club Village Neighborhood Assn., an unincorporated assn. ----- 6 Contributor address; City; State; Zip Code 3805 Lago Vista Dr. Austin, TX 78734	7 Amount of contribution (\$) \$500.00	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 11/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hlista, Justine (Ms.) ----- Contributor address; City; State; Zip Code 15807 Booth Circle Volente, TX 78641	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 11/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hogg, John (Dr.) ----- Contributor address; City; State; Zip Code 1404 Wild Cat Hollow Dr. Austin, TX 78746	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 11/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) House, Candice (Ms.) ----- Contributor address; City; State; Zip Code 13412 Saddleback Pass Austin, TX 78738	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 12/31/2011	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 (\$) \$5,256.25	In-kind contribution description (if applicable) Design & consulting services (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: 8/16 Report: 10/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jaynes, James 6 Contributor address; City; State; Zip Code 2212 Real Catorce 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 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Keith, Melody (Ms.) 6 Contributor address; City; State; Zip Code P O Box 342348 Lakeway, TX 78734-0040	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 11/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kilby, Ann (Ms.) 6 Contributor address; City; State; Zip Code 2308 River Hills Rd. Austin, TX 78733	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LaRue, Todd (Mr.) 6 Contributor address; City; State; Zip Code 1309 Brians Meadow Cove Austin, TX 78746	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John 6 Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731	7 Amount of contribution (\$) \$100.00	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: 9/16 Report: 11/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/21/2011	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 (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lowenthal, Eugene ----- 6 Contributor address; City; State; Zip Code 9600 Crumley Ranch Rd Austin, TX 78738	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lundy, Edward (Mr.) ----- 6 Contributor address; City; State; Zip Code 1112 Wild Basin Ledge Austin, TX 78746	7 Amount of contribution (\$) \$70.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date 12/13/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCombs, Billy (Mr.) ----- 6 Contributor address; City; State; Zip Code P. O. Box BH003 San Antonio, TX 78201	7 Amount of contribution (\$) \$5,000.00	8 In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
4 Date 11/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Newton, Fred (Mr.) ----- 6 Contributor address; City; State; Zip Code 701 Rolling Green Dr. Lakeway, TX 78734	7 Amount of contribution (\$) \$100.00	8 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: 10/16 Report: 12/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/30/2011	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)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Bettye (Mrs.) Contributor address; City; State; Zip Code 3327 Far View Drive Austin, TX 78730	Amount of contribution (\$) \$1,000.00	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 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Page, Daniel Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749	Amount of contribution (\$) \$100.00	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 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pedersen, Craig Contributor address; City; State; Zip Code 4703 Trail Crest Cir Austin, TX 78735	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 11/15/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Penridge, Eleanor Contributor address; City; State; Zip Code 15100 Hamilton Pool Rd Austin, TX 78738	Amount of contribution (\$) \$100.00	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: 11/16 Report: 13/29

2 FILER NAME Huber, Karen L. (Mrs.)

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date 11/30/2011
5 Full name of contributor out-of-state PAC (ID# _____)
Penridge, Eleanor

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
15100 Hamilton Pool Rd
Austin, TX 78738

\$100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 11/30/2011
Full name of contributor out-of-state PAC (ID# _____)
Perry, Christopher (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1004 Quail Ridge Dr.
Dripping Springs, TX 78620

\$70.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/28/2011
Full name of contributor out-of-state PAC (ID# _____)
Pitts, Loree (Ms.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8413 Bell Mountain Drive
Austin, TX 78730

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/19/2011
Full name of contributor out-of-state PAC (ID# _____)
Pumfrey, Ross (Mr.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8716 Towana Trl
Austin, TX 78736

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 11/29/2011
Full name of contributor out-of-state PAC (ID# _____)
Reed, Pam (Ms.)

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
1503 Harbor View
Austin, TX 78746

\$150.00

(If travel outside of Texas, complete Schedule T)

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: 12/16 Report: 14/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Pam (Ms.) ----- 6 Contributor address; City; State; Zip Code 1503 Harbor View Austin, TX 78746	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/13/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Donald (Mr.) ----- Contributor address; City; State; Zip Code 2914 Regents Park Austin, TX 78746	Amount of contribution (\$) In-kind contribution description (if applicable) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/23/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Pamela (Ms.) ----- Contributor address; City; State; Zip Code 3511 Westlake Drive Austin, TX 78746	Amount of contribution (\$) In-kind contribution description (if applicable) \$5,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhoden, Lisa ----- Contributor address; City; State; Zip Code 7111 Destiny Hills Dr Austin, TX 78738	Amount of contribution (\$) In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rhoden, Lisa ----- Contributor address; City; State; Zip Code 7111 Destiny Hills Dr Austin, TX 78738	Amount of contribution (\$) In-kind contribution description (if applicable) \$100.00 (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: 14/16 Report: 16/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 12/29/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stauch, David (Mr.) 6 Contributor address; City; State; Zip Code 1311 Falcon Ledge Dr. Austin, TX 78746	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 11/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stevenson, Tom (Mr.) 6 Contributor address; City; State; Zip Code 14000 FM 2769 Volente, TX 78641	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 11/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stoneking, David (Mr.) 6 Contributor address; City; State; Zip Code 8706 Ashridge Park Drive Spring, TX 77379	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 11/16/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swisher, Isaac (Mr.) 6 Contributor address; City; State; Zip Code 900 East 6th Street, Suite 105 Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/19/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas Government PAC 6 Contributor address; City; State; Zip Code 100 Congress Ave Suite 1300 Austin, TX 78701	7 Amount of contribution (\$) \$689.80	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: 16/16 Report: 18/29	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 11/23/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yates, Roxanne (Ms.) ----- 6 Contributor address; City; State; Zip Code 5711 State Hwy. 45 Austin, TX 78739-3014	7 Amount of contribution (\$) \$2,500.00	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 11/16/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yevich, Elizabeth ----- Contributor address; City; State; Zip Code 2105-B Ann Arbor Ave Austin, TX 78704	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)	

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: 1/11 Report: 19/29		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 08/10/2011		5 Payee name AFL-CIO Council			
6 Amount (\$) \$310.00		7 Payee address City; State; Zip Code 1106 Lavaca St. Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Advertising expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/11/2011		Payee name Amaya's Taco Village			
Amount (\$) \$85.59		Payee address City; State; Zip Code 5804 N. IH 35 Austin, TX 78751			
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"/> Constituent meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/01/2011		Payee name Bank of America			
Amount (\$) \$22.45		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
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"/> Credit Card Merchant fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/01/2011		Payee name Bank of America			
Amount (\$) \$22.45		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
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"/> Credit Card Merchant fees	
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	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: 2/11 Report: 20/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 09/01/2011	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) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 10/01/2011	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) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant fees
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 11/01/2011	Payee name Bank of America
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Amount (\$) \$22.60	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) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant account 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 12/01/2011	Payee name Bank of America
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Amount (\$) \$29.98	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) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant Account 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	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.

1 PAGE # Schedule: 3/11 Report: 21/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 12/02/2011	5 Payee name Bank of America
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6 Amount (\$) \$303.33	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) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant Account 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 12/09/2011	Payee name Brown, Garry (Mr.)
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Amount (\$) \$240.00	Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> campaign services
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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 12/20/2011	Payee name Brown, Garry (Mr.)
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Amount (\$) \$500.00	Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704
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8 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"/> salary supplement
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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 08/22/2011	Payee name Capital Area Democratic Women's PAC
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Amount (\$) \$250.00	Payee address City; State; Zip Code P. O. Box 12962 Austin, TX 78711
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	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	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.

1 PAGE # Schedule: 4/11 Report: 22/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 07/08/2011	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 08/08/2011	Payee name Constant Contact
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Amount (\$) \$58.99	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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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"/> Email services
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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 09/08/2011	Payee name Constant Contact
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Amount (\$) \$58.99	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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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"/> Email service
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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 10/08/2011	Payee name Constant Contact
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Amount (\$) \$58.99	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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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"/> Email service
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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 | 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.

1 PAGE # Schedule: 5/11 Report: 23/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 11/08/2011	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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 12/08/2011	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:

Date 12/20/2011	Payee name Cottingham, Jacob (Mr.)	
Amount (\$) \$250.00	Payee address City; State; Zip Code 5430 Fairmont Circle Austin, TX 78745	
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"/> Salary supplement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought: Office held:

Date 12/20/2011	Payee name Duarte, Lori (Ms.)	
Amount (\$) \$500.00	Payee address City; State; Zip Code 90001 Amberglen Dr. #7208 Austin, TX 78729	
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"/> Salary supplement
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: 6/11 Report: 24/29		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 11/15/2011		5 Payee name Fedex Kinkos			
6 Amount (\$) \$57.37		7 Payee address City; State; Zip Code 3300 Bee Cave Rd. Austin, TX 78746			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> printed materials for fundraiser	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/15/2011		Payee name Gilbert, Karen (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 103 B Fanklin Blvd. Austin, TX 78751			
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"/> Campaign consulting services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/30/2011		Payee name Gilbert, Karen (Ms.)			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code 103 B Franklin Blvd. Austin, TX 78751			
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"/> Campaign consulting services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/29/2011		Payee name Gilbert, Karen (Ms.)			
Amount (\$) \$2,500.00		Payee address City; State; Zip Code 103 B Franklin Blvd. Austin, TX 78751			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign consulting services	
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: 7/11 Report: 25/29		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 08/12/2011		5 Payee name Lake Travis Chamber of Commerce			
6 Amount (\$) \$350.00		7 Payee address City; State; Zip Code 1415 RR 620 So, Suite 202 Austin, TX 78734			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - fee for Leadreship Lake Travis Program		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fee for Leadership Lake Travis Program	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/19/2011		Payee name Lake Travis Chamber of Commerce			
Amount (\$) \$25.00		Payee address City; State; Zip Code 1415 RR 620 So., Suite 202 Austin, TX 78734			
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"/> Chamber meeting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/27/2011		Payee name Office Max			
Amount (\$) \$76.99		Payee address City; State; Zip Code THE TRIANGLE Austin, TX 78756			
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"/> Nametags,envelopes, sharpies, pens	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/07/2011		Payee name Panera Bread			
Amount (\$) \$79.18		Payee address City; State; Zip Code Austin, TX 78717			
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"/> Constituent meeting	
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.

1 PAGE # Schedule: 8/11 Report: 26/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 08/26/2011	5 Payee name Saltgrass Steak House
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6 Amount (\$) \$130.09	7 Payee address City; State; Zip Code 221 Sessoms Dr. San Marcos, TX 78666
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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"/> Staff luncheon
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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 11/15/2011	Payee name Scholz Garten
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Amount (\$) \$378.88	Payee address City; State; Zip Code 1607 San Jacinto Blvd. Austin, TX 78701
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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"/> Room rental & taxes
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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 11/30/2011	Payee name Scholz Garten
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Amount (\$) \$483.55	Payee address City; State; Zip Code 1607 San Jacinto Blvd. Austin, TX 78701
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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"/> Fundraising event
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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 09/10/2011	Payee name South Austin Democrats
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Amount (\$) \$250.00	Payee address City; State; Zip Code P.O. Box 152592 Austin, TX 78715
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Support Democratic candidates
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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: 9/11 Report: 27/29		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 10/24/2011		5 Payee name Texas Ethics Commission			
6 Amount (\$) \$500.00		7 Payee address City; State; Zip Code P. O. Box 12070 Austin, TX 78711-2070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Settle Ethics complaint	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/25/2011		Payee name ThinkStreet, Inc.			
Amount (\$) \$705.16		Payee address City; State; Zip Code 3601 S. Congress Building B, Suite 300 Austin, TX 78704			
8 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"/> Agency production management & printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/15/2011		Payee name ThinkStreet, Inc.			
Amount (\$) \$3,364.88		Payee address City; State; Zip Code 3601 S. Congress Building B, Suite 300 Austin, TX 78704			
8 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"/> Agency design, production management & printing	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/30/2011		Payee name Travis County Democratic Party			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Primary filing fee	
9 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: 10/11 Report: 28/29		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 11/22/2011		5 Payee name U.S.Postal Service			
6 Amount (\$) \$44.00		7 Payee address City; State; Zip Code 78705-9997			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> stamps	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 12/21/2011		Payee name U.S.Postal Service			
Amount (\$) \$44.00		Payee address City; State; Zip Code 78705-9997			
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"/> stamps	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 11/16/2011		Payee name University Democrats			
Amount (\$) \$250.00		Payee address City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fund raising sponsorship	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/04/2011		Payee name WebEx Communications, Inc.			
Amount (\$) \$20.00		Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054			
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"/> Data base management	
9 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.

1 PAGE # Schedule: 11/11 Report: 29/29	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 09/04/2011	5 Payee name WebEx Communications, Inc.
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6 Amount (\$) \$20.00	7 Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054
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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"/> Data base management
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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 10/05/2011	Payee name WebEx Communications, Inc.
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Amount (\$) \$379.70	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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Date 11/04/2011	Payee name WebEx Communications, Inc.
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Amount (\$) \$20.00	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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Date 12/03/2011	Payee name WebEx Communications, Inc.
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Amount (\$) \$20.00	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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