

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7725

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: 45														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; text-align: center;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td></td> <td style="text-align: center;">David</td> <td style="text-align: center;">A.</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td style="text-align: center;">Escamilla</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		David	A.	NICKNAME	LAST	SUFFIX		Escamilla		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: x-small; margin: 0;">Date Received</p> <p style="font-size: x-small; margin: 0;">Date Hand delivered or Postmarked</p> <p style="font-size: x-small; margin: 0;">Receipt # Amount</p> <p style="font-size: x-small; margin: 0;">Date Processed</p> <p style="font-size: x-small; margin: 0;">Date Imaged</p> </div>			
MS / MRS / MR	FIRST	MI															
	David	A.															
NICKNAME	LAST	SUFFIX															
	Escamilla																
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:15%; font-size: small;">APT / SUITE #;</td> <td style="width:15%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:35%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>5703 Spurflower Dr.</td> <td></td> <td>Austin</td> <td>TX</td> <td>78759</td> </tr> </table> <p style="font-size: x-small; margin-top: 5px;"><input type="checkbox"/> change of address</p>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5703 Spurflower Dr.		Austin	TX	78759						
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:50%; font-size: small;">PHONE NUMBER</td> <td style="width:25%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>289-3847</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	289-3847											
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	Escamilla																
7 CAMPAIGN TREASURER ADDRESS (residence or business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:10%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>5703 Spurflower Dr.</td> <td></td> <td>Austin</td> <td>TX</td> <td>78759</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5703 Spurflower Dr.		Austin	TX	78759				
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:20%;"><input type="checkbox"/> 30th day before election</td> <td style="width:20%;"><input type="checkbox"/> Runoff</td> <td style="width:40%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 6th 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 checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 6th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)						
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:20%; text-align: center; font-size: x-small;">THROUGH</td> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td>07</td> <td>01</td> <td>2011</td> <td></td> <td>12</td> <td>31</td> <td>2011</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	01	2011		12	31	2011
Month	Day	Year	THROUGH	Month	Day	Year											
07	01	2011		12	31	2011											
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: x-small;">Month</td> <td style="width:15%; font-size: x-small;">ELECTION DATE Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td></td> <td>04 / 03</td> <td>2012</td> </tr> </table>	Month	ELECTION DATE Day	Year		04 / 03	2012	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> </table>		ELECTION TYPE				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
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	04 / 03	2012															
ELECTION TYPE																	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special														
12 OFFICE	OFFICE HELD (if any) Travis County Attorney	13 OFFICE SOUGHT (if known) Travis County Attorney															

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

David Albert Escamilla

15 ACCOUNT # (Ethics Commission Filers)

16 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

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 88,605.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 13,352.50

CONTRIBUTION
BALANCE

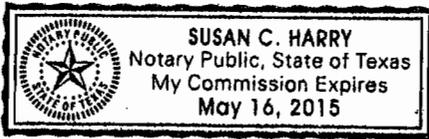
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 135,755.22

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT

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



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Escamilla, this the 12th day of January, 20 12, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Susan C. Harry

Notary

Signature of officer administering oath

Printed 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 Total pages Schedule A: **1 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

11/23/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Froy Salinas

6 Contributor address; City; State; Zip Code

**3604 Harpers Ferry Ln.
Austin TX 78749**

7 Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/26/11

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

Steve Brittain

Contributor address; City; State; Zip Code

**1100 West Ave.
Austin, TX 78701-2020**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/11

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

Andrew J. Forsythe

Contributor address; City; State; Zip Code

**3200 Crosswind Dr.
Spicewood, TX 78669**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/11

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

Gordon M. Rubinet

Contributor address; City; State; Zip Code

**3806 Hidden Hollow
Austin, TX 78731**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/01/11

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

Allan L. Williams

Contributor address; City; State; Zip Code

**2400 Camino Alto
Austin, TX 78746**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/31/11

5 Full name of contributor out-of-state PAC (ID#: _____)
James W. Collins

6 Contributor address; City; State; Zip Code
**4500 Steiner Ranch Blvd #3403
Austin, TX 78732-2358**

7 Amount of contribution (\$)
\$ 50.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/26/11

Full name of contributor out-of-state PAC (ID#: _____)
Chris Dorbandt & Associates

Contributor address; City; State; Zip Code
**603 W. 12th St.
Austin, TX 78701**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/24/11

Full name of contributor out-of-state PAC (ID#: _____)
Gustavo L. Garcia Jr.

Contributor address; City; State; Zip Code
**1012 Rio Grande
Austin, TX 78701**

Amount of contribution (\$)
\$ 125.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/06/11

Full name of contributor out-of-state PAC (ID#: _____)
K&L Gates LLP, Committee for Good Government

Contributor address; City; State; Zip Code
**1717 Main St., Suite 2800
Dallas, TX 75201**

Amount of contribution (\$)
\$ 1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
11/01/11

Full name of contributor out-of-state PAC (ID#: _____)
McGinnis, Lochridge & Kilgore LLP

Contributor address; City; State; Zip Code
**600 Congress Ave., Suite 2100
Austin, TX 78701**

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 28	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/07/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaud, Morgan & Quinn, LLP	7 Amount of contribution (\$) \$ 10,000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 801 Laurel St. Beaumont, TX 77701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Walker	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5710 Abilene Trl. Austin, TX 78749-2113		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin Police Association PAC	Amount of contribution (\$) \$ 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5817 Wilcab Rd., Suite #4 Austin, TX 78721		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/12/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Blackburn	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Colorado St, No. 1406 Austin, TX 78701-2145		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark K. Dreyfus	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5902 Tumbling Cir. Austin, TX 78731-4053		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/10/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Reaud & Associates, PC

6 Contributor address; City; State; Zip Code

**801 Laurel St.
Beaumont, TX 77701**

7 Amount of contribution (\$)
\$ 10,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/16/11

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

Andrew Ramirez

Contributor address; City; State; Zip Code

**10301 River Plantation Dr.
Austin, TX 78747**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/13/11

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

Janet Stockard

Contributor address; City; State; Zip Code

**3703 Cloudy Ridge
Austin, TX 78734**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Sue Berkel

Contributor address; City; State; Zip Code

**4405 Sinclair Ave.
Austin, TX 78756**

Amount of contribution (\$)
\$ 25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Betty Blackwell

Contributor address; City; State; Zip Code

**1306 Nueces St.
Austin, TX 78701**

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 28	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon R. Bowman	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 601 Coquina Ln. Austin, TX 78746		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeb Boyt	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5423 Shoalwood Austin, TX 78756		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Brinkman	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7407 Brookhollow Dr. Austin, TX 78752		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Frank Bryan	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 610 Brazos St., Suite 660 Austin, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/20/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanna Y. Caballero	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1805 Cresthaven Dr. Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **6 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/19/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Nicholas Chu

6 Contributor address; City; State; Zip Code

**2114 Pecos Dr.
Grapevine, TX 76051-4808**

7 Amount of
contribution (\$)

\$ 25.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/19/11

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

Maria Canchola

Contributor address; City; State; Zip Code

**1900 East Side Dr.
Austin, TX 78704**

Amount of
contribution (\$)

\$ 20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Karin Crump Samman

Contributor address; City; State; Zip Code

**9408 Epic Ct.
Austin, TX 78726**

Amount of
contribution (\$)

\$ 40.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Law Office of Mark C. Doyal

Contributor address; City; State; Zip Code

**907 Rio Grande St.
Austin, TX 78701-2221**

Amount of
contribution (\$)

\$ 50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Deece Eckstein

Contributor address; City; State; Zip Code

**1010 Winsted Ln.
Austin, TX 78703-3848**

Amount of
contribution (\$)

\$ 100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A: **7 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/19/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Laurie R. Eiserloh

6 Contributor address; City; State; Zip Code

**3900 Avenue C
Austin, TX 78751**

7 Amount of contribution (\$)
\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/18/11

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

Bruce Elfant

Contributor address; City; State; Zip Code

**4522 Avenue F
Austin, TX 78751**

Amount of contribution (\$)
\$ 25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Bruce S. Fox, Attorney at Law

Contributor address; City; State; Zip Code

**404 W. 13th St.
Austin, TX 78701-1825**

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

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

Dubravka H. Romano

Contributor address; City; State; Zip Code

**4105 Sinclair Ave.
Austin, TX 78756**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/11

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

Fritz, Byrne, Head & Harrison, PLLC

Contributor address; City; State; Zip Code

**98 San Jacinto Blvd. Suite 2000
Austin, TX 78701**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 28	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanessa A. Gonzales 6 Contributor address; City; State; Zip Code 2512 Berwyn Cir. Austin, TX 78745	7 Amount of contribution (\$) \$ 25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy Grant Contributor address; City; State; Zip Code 1122 Colorado St. Suite 100 Austin, TX 78701	Amount of contribution (\$) \$ 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter & Bennett, PC Contributor address; City; State; Zip Code 600 W. Ninth St. Austin, TX 78701-2212	Amount of contribution (\$) \$ 1000.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James F. Haley Contributor address; City; State; Zip Code 7601 Basil Dr. Austin, TX 78750	Amount of contribution (\$) \$ 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John C. Heal, Jr. Attorney at Law, PC Contributor address; City; State; Zip Code 500 W. 13th St. Austin, TX 78701-1827	Amount of contribution (\$) \$ 250.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **9 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/17/11

5 Full name of contributor out-of-state PAC (ID#: _____)
Marcy Hello

6 Contributor address; City; State; Zip Code

**7806 Chimney Corners
Austin, TX 78731**

7 Amount of contribution (\$)
\$ 500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/18/11

Full name of contributor out-of-state PAC (ID#: _____)
Andrew M. Hello

Contributor address; City; State; Zip Code

**601 Irma Dr.
Austin, TX 78752**

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/11

Full name of contributor out-of-state PAC (ID#: _____)
Julie Hello

Contributor address; City; State; Zip Code

**17901 Worley Dr.
Pflugerville, TX 78660-5108**

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/06/11

Full name of contributor out-of-state PAC (ID#: _____)
Mack Ray Hernandez

Contributor address; City; State; Zip Code

**901 South MoPac Expressway
Barton Oaks Plaza 1, Suite 300
Austin, TX 78746**

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/17/11

Full name of contributor out-of-state PAC (ID#: _____)
Rebecca H. Benz

Contributor address; City; State; Zip Code

**1508 Ashwood Rd.
Austin, TX 78722**

Amount of contribution (\$)
\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 of 28	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Willam Jang, PLLC 6 Contributor address; City; State; Zip Code 314 E. Highland Mall Blvd. #406 Austin, TX 78752	7 Amount of contribution (\$) \$ 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maria Marguerite Jones Contributor address; City; State; Zip Code 1919 Burton Dr., Apt 211B Austin, TX 78741	Amount of contribution (\$) \$ 25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jung & Associates, PLLC Contributor address; City; State; Zip Code Prominent Pointe I, Suite 305 8310 N. Capital of Texas Hwy Austin, TX 78731-1011	Amount of contribution (\$) \$ 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Lastovica Contributor address; City; State; Zip Code 6509 Betty Cook Dr. Austin, TX 78723	Amount of contribution (\$) \$ 100.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Lopez Contributor address; City; State; Zip Code 4330 Bull Creek Rd., Apt. 3123 Austin, TX 78701	Amount of contribution (\$) \$ 25.00 <small>(If travel outside of Texas, complete Schedule T)</small>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/16/11

5 Full name of contributor out-of-state PAC (ID#: _____)
Gary D. Martin

7 Amount of contribution (\$)
\$ 200.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**4501 Whispering Valley Dr., Apt. 25
Austin, TX 78727-6871**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/19/11

Full name of contributor out-of-state PAC (ID#: _____)
Cher Montalvo

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**7501 Vol Walker Dr.
Austin, TX 78749-2167**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

Full name of contributor out-of-state PAC (ID#: _____)
Ken Oden

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1506 Gaston Ave.
Austin, TX 78703-2419**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/18/11

Full name of contributor out-of-state PAC (ID#: _____)
James B. Rebe'l

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO Box 4685
Lago Vista, TX 78645-0054**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

Full name of contributor out-of-state PAC (ID#: _____)
Daniel R. Richards

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**816 Congress Ave., Suite 1200
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **12 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/19/11

5 Full name of contributor out-of-state PAC (ID#: _____)
David R. Richards

6 Contributor address; City; State; Zip Code
**816 Congress Ave., Suite 1200
Austin, TX 78701**

7 Amount of contribution (\$)
\$ 25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/17/11

Full name of contributor out-of-state PAC (ID#: _____)
Bradley Seals

Contributor address; City; State; Zip Code
**4611 Madrona Dr.
Austin, TX 78731-5229**

Amount of contribution (\$)
\$ 25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/18/11

Full name of contributor out-of-state PAC (ID#: _____)
Slack & Davis, LLP

Contributor address; City; State; Zip Code
**2705 Bee Cave Rd., Suite 220
Austin, TX 78746**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

Full name of contributor out-of-state PAC (ID#: _____)
C. Craig Smith

Contributor address; City; State; Zip Code
**1908 Barton Pkwy
Austin, TX 78704-3212**

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/19/11

Full name of contributor out-of-state PAC (ID#: _____)
David N. Smith

Contributor address; City; State; Zip Code
**PO Box 537
Austin, TX 78767**

Amount of contribution (\$)
\$ 25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **13 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/19/11**

5 Full name of contributor out-of-state PAC (ID#: _____)
Karen M. Sonleitner

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**1712 Pasadena Dr.
Austin, TX 78757**

\$ 100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/19/11**

Full name of contributor out-of-state PAC (ID#: _____)
Franklin Scott Spears, Jr.

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**Arenson & Spears
Barton Oaks Plaza One, Suite 300
901 MoPac EXPWY. S.
Austin, TX 78746**

\$ 250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11**

Full name of contributor out-of-state PAC (ID#: _____)
VA Stephens

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1321 Spyglass Dr.
Austin, TX 78746**

\$ 250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11**

Full name of contributor out-of-state PAC (ID#: _____)
Tim Sulak

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**PO Box 5674
Austin, TX 78763**

\$ 40.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11**

Full name of contributor out-of-state PAC (ID#: _____)
Travis County Sheriffs Law Enforcement Association

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
FOP, Lodge 912 PAC Account

**8600 Ranch Road 620 N., Apt 210
Austin, TX 78726**

\$ 2500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **14 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **10/13/11** 5 Full name of contributor out-of-state PAC (ID# _____)
Hector Uribe

7 Amount of contribution (\$) **\$ 200.00** 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**1105 Elm St.
Austin, TX 78703-4826**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **10/19/11** Full name of contributor out-of-state PAC (ID# _____)
Gerard Washington

Amount of contribution (\$) **\$ 20.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**11500 Oak Trail
Austin, TX 78753**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11** Full name of contributor out-of-state PAC (ID# _____)
David Weiser

Amount of contribution (\$) **\$ 250.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**3009 Glenview Ave.
Austin, TX 78703-1440**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11** Full name of contributor out-of-state PAC (ID# _____)
Kator Parks and Weiser PLLC

Amount of contribution (\$) **\$ 250.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**812 San Antonio St., Suite 100
Austin, TX 78701**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **10/19/11** Full name of contributor out-of-state PAC (ID# _____)
John Wise

Amount of contribution (\$) **\$ 100.00** In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**1424 Suffolk Dr.
Austin, TX 78723**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **15 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/19/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Law Office of Glen L. Work, PLLC

6 Contributor address; City; State; Zip Code

**8310-1 N. Capital of Texas Hwy, Suite 305
Austin, TX 78731**

7 Amount of contribution (\$)

\$ 25.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/29/11

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

Jon R. Loehman

Contributor address; City; State; Zip Code

**900 Yaupon Valley
Austin, TX 78746**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/11

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

Mark P. McCrimmon

Contributor address; City; State; Zip Code

**704 West 9th St.
Austin, TX 78701**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/07/11

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

Ray, Wood & Bonilla

Contributor address; City; State; Zip Code

**PO Box 165001
Austin, TX 78716**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/06/11

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

Robert G. Rutishauser

Contributor address; City; State; Zip Code

**6101 Mountain Villa Cove
Austin, TX 78731**

Amount of contribution (\$)

\$ 50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 16 of 28	
2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/16/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vinson & Elkins Texas PAC	7 Amount of contribution (\$) \$ 2500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2300 First City Tower Houston, TX 77002-6760		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Terry Bray	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 401 Congress Ave., Suite 2200 PO Box 98 Austin, TX 78767		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/15/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan P. Burton	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Blue Creek Dr. Dripping Springs, TX 78620-3455		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/29/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christopher L. Elliott	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1705 Rabb Road Austin, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick Freeman, PC	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 811 Barton Springs Rd., Suite 740 Austin, TX 78704-1163		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **17 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **09/14/11**

5 Full name of contributor out-of-state PAC (ID#: _____)
R. Clarke Heidrick

6 Contributor address; City; State; Zip Code
**3702 Eastledge Dr.
Austin, TX 78731-5851**

7 Amount of contribution (\$) **\$ 100.00**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date **09/19/11**

Full name of contributor out-of-state PAC (ID#: _____)
John J. McKetta, III

Contributor address; City; State; Zip Code
**4200 Park Hollow CT.
Austin, TX 78746-1228**

Amount of contribution (\$) **\$ 100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **09/14/11**

Full name of contributor out-of-state PAC (ID#: _____)
Paul B. Saenz

Contributor address; City; State; Zip Code
**1904 Robinhood Trl.
Austin, TX 78703**

Amount of contribution (\$) **\$ 100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **09/14/11**

Full name of contributor out-of-state PAC (ID#: _____)
P. M. "Pete" Schenkkan

Contributor address; City; State; Zip Code
**117 Laurel Lane
Austin, TX 78705**

Amount of contribution (\$) **\$ 100.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **09/22/11**

Full name of contributor out-of-state PAC (ID#: _____)
Ben F. Vaughan, III

Contributor address; City; State; Zip Code
**PO Box 2233
Austin, TX 78768**

Amount of contribution (\$) **\$ 200.00**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **18 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/23/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Lee A. Woods

6 Contributor address; City; State; Zip Code

**1122 Colorado St., Suite 301
Austin, TX 78701-2133**

7 Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/10/11

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

Armbrust & Brown, PLLC

Contributor address; City; State; Zip Code

**100 Congress Ave., Suite 1300
Austin, TX 78701-2744**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/09/11

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

David Frederick

Contributor address; City; State; Zip Code

**414 Ridgewood Rd.
West Lake Hills, TX 78746**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/11

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

Denise Hyde

Contributor address; City; State; Zip Code

**812 San Antonio, Suite 304
Austin, TX 78701**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/11

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

Steve Turro

Contributor address; City; State; Zip Code

**404 West 13th St.
Austin, TX 78701**

Amount of contribution (\$)

\$ 50.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **19 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
10/09/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Jane Owen White

6 Contributor address; City; State; Zip Code

**3122 Honey Tree Lane
Austin, TX 78746**

7 Amount of contribution (\$)
\$ 275.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
10/04/11

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

Granger and Mueller, PC

Contributor address; City; State; Zip Code

**605 W. 10th St.
Austin, TX 78701-2042**

Amount of contribution (\$)
\$ 1250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/21/11

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

Jamail Development Partnership, Ltd.

Contributor address; City; State; Zip Code

**151 South First Street, Suite 200
Austin, TX 78704**

Amount of contribution (\$)
\$ 1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/22/11

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

Minton, Burton, Foster & Collins, PC

Contributor address; City; State; Zip Code

**1100 Guadalupe St.
Austin, TX 78701**

Amount of contribution (\$)
\$ 8000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/21/11

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

The Bratton Firm, PC

Contributor address; City; State; Zip Code

**1100B Guadalupe St.
Austin, TX 78701**

Amount of contribution (\$)
\$ 1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **20 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/21/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Law Offices of David T. Bright

6 Contributor address; City; State; Zip Code

**802 North Carancahua, Suite 900
Corpus Christi, TX 78401**

7 Amount of contribution (\$)
\$ 1000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
09/19/11

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

Herring & Irwin, LLP

Contributor address; City; State; Zip Code

**701 Brazos St., Suite 500
Austin, TX 78701**

Amount of contribution (\$)
\$ 1000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/18/11

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

Andrew Ramirez

Contributor address; City; State; Zip Code

**10301 River Plantation Dr.
Austin, TX 78747**

Amount of contribution (\$)
\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/13/11

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

Granger and Mueller, PC

Contributor address; City; State; Zip Code

**605 W. 10th St.
Austin, TX 78701-2042**

Amount of contribution (\$)
\$ 1250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/11

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

The Law Office of Sandra C. Ritz

Contributor address; City; State; Zip Code

**902 Rio Grande St.
Austin, TX 78701**

Amount of contribution (\$)
\$ 1500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **21 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/15/11

5 Full name of contributor 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 (\$)

\$ 2500.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/14/11

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

Chris Jackson

Contributor address; City; State; Zip Code

**2905 San Gabriel St., Suite 309
Austin, TX 78705-3559**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/11

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

Jessica Zak

Contributor address; City; State; Zip Code

**305 Shadywood Ln.
Dripping Springs, TX 78620**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/11

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

Scott, Douglass & McConnico, LLP

Contributor address; City; State; Zip Code

**600 Congress Ave., 15th Floor
Austin, TX 78701-2589**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/15/11

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

Reeves & Brightwell, LLP

Contributor address; City; State; Zip Code

**221 W. Sixth St., Suite 1000
Austin, TX 78701-3410**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **22 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/12/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Betty Blackwell

6 Contributor address; City; State; Zip Code

**1306 Nueces St.
Austin, TX 78701**

7 Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/12/11

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

Paul J. Dunham

Contributor address; City; State; Zip Code

**1200-42 Barton Creek Blvd.
Austin, TX 78735**

Amount of contribution (\$)

\$ 10,000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/11

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

James McCormack

Contributor address; City; State; Zip Code

**9804 Scenic Bluff Dr.
Austin, TX 78733**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/13/11

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

Bob Gregory

Contributor address; City; State; Zip Code

**2939 Westlake Cove
Austin, TX 78746**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/14/11

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

Jan Soifer

Contributor address; City; State; Zip Code

**5408 Hurlock Dr.
Austin, TX 78731**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **23 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date
09/14/11

5 Full name of contributor out-of-state PAC (ID#: _____)
Bruce McCandless III

6 Contributor address; City; State; Zip Code
**909 Live Oak Ridge Rd.
Austin, TX 78746**

7 Amount of contribution (\$)
\$ 100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
09/14/11

Full name of contributor out-of-state PAC (ID#: _____)
Cecelia Burke

Contributor address; City; State; Zip Code
**6500 Santolina Cove
Austin, TX 78731**

Amount of contribution (\$)
\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/14/11

Full name of contributor out-of-state PAC (ID#: _____)
David Botsford

Contributor address; City; State; Zip Code
**1004 Castle Ridge
Austin, TX 78746**

Amount of contribution (\$)
\$ 2500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/15/11

Full name of contributor out-of-state PAC (ID#: _____)
Kevin A. Tuerff

Contributor address; City; State; Zip Code
**101 Colorado St. #2304
Austin, TX 78701**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/16/11

Full name of contributor out-of-state PAC (ID#: _____)
Joe K. Crews

Contributor address; City; State; Zip Code
**1606 Rockmoor
Austin, TX 78703**

Amount of contribution (\$)
\$ 250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **24 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/19/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Pam Reed

6 Contributor address; City; State; Zip Code

**1503 Harbor View
Austin, TX 78746**

7 Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/20/11

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

Myra L. Leo

Contributor address; City; State; Zip Code

**1809A San Gabriel St.
Austin, TX 78701**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/20/11

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

Jack Gullahorn

Contributor address; City; State; Zip Code

**5300 Gregg Ln.
Manor, TX 78653**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/22/11

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

David B. Frank

Contributor address; City; State; Zip Code

**1212 Guadalupe St., Suite 103
Austin, TX 78701**

Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/23/11

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

Stephen I. Adler

Contributor address; City; State; Zip Code

**3313 Lake Cliff Ct.
Austin, TX 78746**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **25 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

09/26/11

5 Full name of contributor out-of-state PAC (ID#: _____)

Russell Bridges

6 Contributor address; City; State; Zip Code

**6405 Cascada Dr.
Austin, TX 78750**

7 Amount of contribution (\$)

\$ 250.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/29/11

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

Alfred (Freddie) R. Herrera

Contributor address; City; State; Zip Code

**5701 Puccoon Cove
Austin, TX 78759**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/29/11

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

Jamie Balagia

Contributor address; City; State; Zip Code

**PO Box 360
Manor, TX 78653**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/11

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

Dale Linebarger

Contributor address; City; State; Zip Code

**3 Niles Rd.
Austin, TX 78703**

Amount of contribution (\$)

\$ 500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/30/11

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

Kyle T. Lowe

Contributor address; City; State; Zip Code

**6801 Cypress Point Cove
Austin, TX 78746**

Amount of contribution (\$)

\$ 1000.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **26 of 28**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date 10/10/11	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy and Vance Corn	7 Amount of contribution (\$) \$ 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 6613 Lost Horizon Dr. Austin, TX 78759	(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 10/13/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Swaim	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 4800 Wind River Rd. Austin, TX 78759	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/16/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Scott McLemore	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8904 Spurflower Cove Austin, TX 78759	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/17/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melinda Horan	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1208 W. 39 1/2 Street Austin, TX 78756	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 10/18/11	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sareta Maria Davis	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 10505 S. IH-35, Apt. 1532 Austin, TX 78747	(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **27 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/18/11

5 Full name of contributor out-of-state PAC (ID#: _____)

George Thomas

6 Contributor address; City; State; Zip Code

**923 E. 41st Street #106
Austin, TX 78751**

7 Amount of contribution (\$)

\$ 25.00

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/19/11

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

Danielle Tierney

Contributor address; City; State; Zip Code

**805 Post Oak St.
Austin, TX 78704**

Amount of contribution (\$)

\$ 25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/11

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

David Chambers

Contributor address; City; State; Zip Code

**272 Quinn Dr.
Dripping Springs, TX 78620**

Amount of contribution (\$)

\$ 2500.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/11

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

Jason Steans

Contributor address; City; State; Zip Code

**4604 Tejas Trail
Austin, TX 78745**

Amount of contribution (\$)

\$ 25.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/11

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

John A. Yeager

Contributor address; City; State; Zip Code

**1310 Ardenwood Rd.
Austin, TX 78722**

Amount of contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **28 of 28**

2 FILER NAME

David Albert Escamilla

3 ACCOUNT # (Ethics Commission Filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/19/11	Richard DePalma	\$ 25.00	
	6 Contributor address; City; State; Zip Code 7821 Wisteria Valley Drive Austin, TX 78739		

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/21/11	Giselle Horton	\$ 250.00	
	Contributor address; City; State; Zip Code 5605 Shoalwood Ave. Austin, TX 78756		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
10/29/11	Raman Gill	\$ 50.00	
	Contributor address; City; State; Zip Code 4308 Bellvue Ave. Austin, TX 78756		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/02/11	David Kaplan	\$ 100.00	
	Contributor address; City; State; Zip Code 3508 Dumond Place Plano, TX 75025		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 07/13/11	5 Payee name Austin Tejano Democrats	
6 Amount (\$) \$ 20.00	7 Payee address; City; State; Zip Code c/o Gloria Aleman 2544 Stoutwood Cir. Austin, Texas 78745	
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 09/13/11	Payee name Threadgill's World Headquarters	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 301 West Riverside Drive Austin, Texas 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) Site Deposit for October Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/23/11	Payee name Blue Roots Strategies, Inc.	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code P.O. Box 300053 Austin, Texas 78703	
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) Website development retainer for online donations features.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/23/11	Payee name Blue Roots Strategies, Inc.	
Amount (\$) \$ 674.51	Payee address; City; State; Zip Code P.O. Box 300053 Austin, Texas 78703	
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) Website development final payment for online donations features.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/12/11	5 Payee name South Austin Democrats
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6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code PO Box 152592 Austin, TX 78715-2592
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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) Yellow Dog Democrat Event Sponsorship
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/19/11	Payee name Threadgill's World Headquarters
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Amount (\$) \$ 1445.32	Payee address; City; State; Zip Code 301 West Riverside Drive Austin, Texas 78704
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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) Expense for Campaign Fundraiser
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/20/11	Payee name Susan Harry Consulting
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Amount (\$) \$ 5,342.82	Payee address; City; State; Zip Code P.O. Box 301074 Austin, Texas 78703
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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) Fundraising & Event Planning Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/09/11	Payee name Black Austin Democrats
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code PO Box 212, Austin, TX 78767
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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) Fundraiser Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 11/14/11	5 Payee name Sarah Eckhardt Campaign
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6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code P.O. Box 301586 Austin, Texas 78703
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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) Campaign Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/16/11	Payee name Susan Harry Consulting
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Amount (\$) \$ 1294.00	Payee address; City; State; Zip Code P.O. Box 301074 Austin, Texas 78703
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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) Fundraising & Event Planning Services
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/28/11	Payee name Travis County Democratic Party Primary
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Amount (\$) \$ 750.00	Payee address; City; State; Zip Code P.O. Box 684263 Austin, Texas 78768-4263
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Filing fee for place on primary ballot
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/05/11	Payee name Travis County Democratic Party
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Amount (\$) \$ 1000.00	Payee address; City; State; Zip Code P.O. Box 684263 Austin, Texas 78768-4263
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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) Johnson, Bentson, Richards Dinner Fundraiser Sponsorship
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 12		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/19/11		5 Payee name CheckMark Typesetting			
6 Amount (\$) \$ 64.95		7 Payee address; City; State; Zip Code 3217 N. IH 35 Austin, Texas 78722			
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) Sponsor Boards for Campaign Fundraiser	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/13/11		Payee name Piryx, Inc.			
Amount (\$) \$ 22.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: James McCormack contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/13/11		Payee name Piryx, Inc.			
Amount (\$) \$ 22.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Bob Gregory contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/14/11		Payee name Piryx, Inc.			
Amount (\$) \$ 11.25		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Jan Soifer contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 12		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/14/11		5 Payee name Piryx, Inc.			
6 Amount (\$) \$ 4.50		7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) Credit Card Donation Processing Fee Ref: Bruce McCandless III contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/14/11		Payee name Piryx, Inc.			
Amount (\$) \$ 4.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Cecelia Burke contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/14/11		Payee name Piryx, Inc.			
Amount (\$) \$ 112.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: David Botsford contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/15/11		Payee name Piryx, Inc.			
Amount (\$) \$ 11.25		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Kevin A. Tuerff contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/16/11	5 Payee name Piryx, Inc.	
6 Amount (\$) \$ 11.25	7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
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) Credit Card Donation Processing Fee Ref: Joe K. Crews contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/19/11	Payee name Piryx, Inc.	
Amount (\$) \$ 11.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Pam Reed contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/20/11	Payee name Piryx, Inc.	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Myra L. Leo contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/20/11	Payee name Piryx, Inc.	
Amount (\$) \$ 11.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Jack Gullahorn contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 7 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 09/22/11	5 Payee name Piryx, Inc.	
6 Amount (\$) \$ 11.25	7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
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) Credit Card Donation Processing Fee Ref: David B. Frank contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/23/11	Payee name Piryx, Inc.	
Amount (\$) \$ 45.00	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Stephen I. Adler contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/26/11	Payee name Piryx, Inc.	
Amount (\$) \$ 11.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Russell Bridges contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/29/11	Payee name Piryx, Inc.	
Amount (\$) \$ 45.00	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Alfred R. Herrera contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 8 of 12		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09/29/11		5 Payee name Piryx, Inc.			
6 Amount (\$) \$ 45.00		7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) Credit Card Donation Processing Fee Ref: Jamie Balagia contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/30/11		Payee name Piryx, Inc.			
Amount (\$) \$ 22.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Dale Linebarger contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/30/11		Payee name Piryx, Inc.			
Amount (\$) \$ 45.00		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Kyle T. Lowe contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/10/11		Payee name Piryx, Inc.			
Amount (\$) \$ 4.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Cindy & Vance Corn contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 9 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/13/11	5 Payee name Piryx, Inc.	
6 Amount (\$) \$ 4.50	7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
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) Credit Card Donation Processing Fee Ref: Bill Swaim contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/16/11	Payee name Piryx, Inc.	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Gregory Scott McLemore contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/17/11	Payee name Piryx, Inc.	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Melinda Horan contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/18/11	Payee name Piryx, Inc.	
Amount (\$) \$ 1.13	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Sareta Maria Davis contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 10 of 12		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/18/11		5 Payee name Piryx, Inc.			
6 Amount (\$) \$ 1.13		7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) Credit Card Donation Processing Fee Ref: George Thomas contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/11		Payee name Piryx, Inc.			
Amount (\$) \$ 1.13		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Danielle Tiemy contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/11		Payee name Piryx, Inc.			
Amount (\$) \$ 112.50		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: David Chambers contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/19/11		Payee name Piryx, Inc.			
Amount (\$) \$ 1.13		Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Jason Steans contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 11 of 12	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10/19/11	5 Payee name Piryx, Inc.	
6 Amount (\$) \$ 4.50	7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
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) Credit Card Donation Processing Fee Ref: John Yeager contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/19/11	Payee name Piryx, Inc.	
Amount (\$) \$ 1.13	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Richard DePalma contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/21/11	Payee name Piryx, Inc.	
Amount (\$) \$ 11.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Giselle Horton contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/29/11	Payee name Piryx, Inc.	
Amount (\$) \$ 2.25	Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Credit Card Donation Processing Fee Ref: Raman Gill contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 12 of 12		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11/02/11		5 Payee name Piryx, Inc.			
6 Amount (\$) \$ 4.50		7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105			
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) Credit Card Donation Processing Fee Ref: David Kaplan contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 07/27/11		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 08/22/11		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 09/22/11		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 10/24/11		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	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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 11/22/11	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 12/22/11	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
------------------------	---	--

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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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)
4 Date 11/08/11	5 Payee name Lone Star Awards & Trophies		
6 Amount (\$) \$ 224.30	7 Payee address; City; State; Zip Code 5201 N. Lamar Blvd. Austin, Texas 78751		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Commemorative plaque recognizing retirement of Tax Assessor Collector	
Date 11/14/11	Payee name Texas Civil Rights Project		
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code 1405 Montopolis Drive Austin, TX 78741-3436		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Donations made by Officeholder	Description (See instructions regarding type of information required.) Charitable donation for annual fundraiser	
Date 11/23/11	Payee name Threadgill's World Headquarters		
Amount (\$) \$ 300.00	Payee address; City; State; Zip Code 301 West Riverside Drive Austin, Texas 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (See instructions regarding type of information required.) Site Deposit for Office Holiday Event	
Date 12/14/11	Payee name Threadgill's World Headquarters		
Amount (\$) \$ 1694.12	Payee address; City; State; Zip Code 301 West Riverside Drive Austin, Texas 78704		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (See instructions regarding type of information required.) Office/Employee Holiday Event	

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