

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00232323

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

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

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,550.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 58,380.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 419.97

4. TOTAL POLITICAL EXPENDITURES \$ 20,601.31

CONTRIBUTION BALANCE

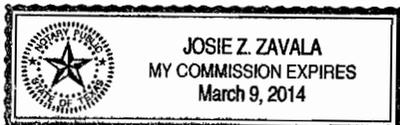
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 101,380.88

OUTSTANDING LOAN TOTALS

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

17 AFFIDAVIT

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



Karen L. Huber
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Karen L. Huber, this the 30th day of April, 2012, to certify which, witness my hand and seal of office.

Josie Z. Zavala
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/21 Report: 3/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Albert, Katherine (Ms.) 6 Contributor address; City; State; Zip Code 5308 Great Divide Dr. Bee Cave, TX 78738	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amer. Federation State, County & Muni. Employees-AFL-CIO Contributor address; City; State; Zip Code 1625 L St. NW Washington, DC 20036	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andrews, Taylor (Mr.) Contributor address; City; State; Zip Code 300 Bowie St. # 603 Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Armbrust, David (Mr.) Contributor address; City; State; Zip Code 2807 Regents Park Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Attal, Wolfred Charles (Mr.) Contributor address; City; State; Zip Code 300 W 6th St., Ste. 2100 Austin, TX 78701	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/21 Report: 4/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Phillip (Mr.) 6 Contributor address; City; State; Zip Code 309 Nixon Dr. Austin, TX 78746	7 Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berger, W. Edward (Mr.) Contributor address; City; State; Zip Code 6202 Plum Hollow Overlook Austin, TX 78746	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bodenman, David (Mr.) Contributor address; City; State; Zip Code 10821 Range View Dr. Austin, TX 78730	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell & Giuliani Committee Contributor address; City; State; Zip Code 711 Louisiana, St., Ste. 2300 Houston, TX 77002	Amount of contribution (\$) \$1,000.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bridges, Russell (Mr.) Contributor address; City; State; Zip Code 6405 Cascada Dr. Austin, TX 78750	Amount of contribution (\$) \$250.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/21 Report: 5/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bryant, William (Mr.) 6 Contributor address; City; State; Zip Code 8702 Bluecreek Cv. Austin, TX 78735	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Buoy, Savy (Mr.) Contributor address; City; State; Zip Code 3910 Dawn Cypress Ct. Houston, TX 77059	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burch, Phyllis (Ms.) Contributor address; City; State; Zip Code 900 N. River Road Austin, TX 78733	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Caven, Tom (Mr.) Contributor address; City; State; Zip Code 5611 Spurflower Dr. Austin, TX 78759	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/08/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ceshker, Gregory Contributor address; City; State; Zip Code 106 Saddlehorn Dr. Dripping Springs, TX 78627-8701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/21 Report: 6/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/04/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.) ----- 6 Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cho, Sung (Mr.) ----- Contributor address; City; State; Zip Code 17604 Lake Pines Dr. Round Rock, TX 78681	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cihock, Michael (Mr.) ----- Contributor address; City; State; Zip Code 1904 Larchmont Dr. Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowan, Tommy (Mr.) ----- Contributor address; City; State; Zip Code 1412 Collier St. Austin, TX 78704	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cullen, Luanne (Ms.) ----- Contributor address; City; State; Zip Code 9801 Glenlake Dr Austin, TX 78730	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/21 Report: 7/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/03/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cumberbatch, Ashton (Mr.) 6 Contributor address; City; State; Zip Code 3 Green Lanes Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dasgupta, Sumit (Mr.) Contributor address; City; State; Zip Code 8900 Bluegrass Dr. Austin, TX 78769	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Tad (Mr.) Contributor address; City; State; Zip Code 2510 Camino Alto Austin, TX 78746	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dealey, Amanda Contributor address; City; State; Zip Code 5401 Ridge Oak Dr Austin, TX 78731	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Demeo, William Jr. (Mr.) Contributor address; City; State; Zip Code 2212 N. River Hills Rd. Austin, TX 78733	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/21 Report: 8/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dukette, Scott (Mr.) 6 Contributor address; City; State; Zip Code 4410 Twisted Tree Dr Austin, TX 78735	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dwyer, Peter (Mr.) Contributor address; City; State; Zip Code 9900 US Highway 290 E. Manor, TX 78653	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dyer, Herbert (Mr.) Contributor address; City; State; Zip Code 3803 Kenora Ct. Austin, TX 78738	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott, Christopher Contributor address; City; State; Zip Code 1705 Rabb Rd Austin, TX 78704	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Elliott Naishtat Campaign Contributor address; City; State; Zip Code 6401 Wilbur Dr. Austin, TX 78757	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/21 Report: 10/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Froehlich, Travis (Mr.) 6 Contributor address; City; State; Zip Code 3212 Park Hills Dr. Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ghatalia, Ashwin (Mr.) Contributor address; City; State; Zip Code 6202 Cape Coral Dr. Austin, TX 78746	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gregory, Bob Contributor address; City; State; Zip Code 2939 Westlake Cv Austin, TX 78746	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) GW GEORGETOWN PROPERTY LP Contributor address; City; State; Zip Code P. O. Box 342437 Austin, TX 78734	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates - State PAC Contributor address; City; State; Zip Code 1201 No. Bowser Rd. Richardson, TX 75081	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/21 Report: 11/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/03/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hartman, Greg (Mr.) 6 Contributor address; City; State; Zip Code 3307 Winding Creek Dr. Austin, TX 78735	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heimsath, Charles (Mr.) Contributor address; City; State; Zip Code 1609 Preston Ave. Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hlista, Justine (Ms.) Contributor address; City; State; Zip Code 15807 Booth Circle Volente, TX 78641	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hlista, Justine (Ms.) Contributor address; City; State; Zip Code 15807 Booth Circle Volente, TX 78641	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hogge, Judith (Ms.) Contributor address; City; State; Zip Code 1010 Bee Creek Rd. Spicewood, TX 78669	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/21 Report: 12/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Howard, Jeffrey (Mr.) 6 Contributor address; City; State; Zip Code 5436 Moon Shadow Dr. Austin, TX 78735	7 Amount of contribution (\$) \$800.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) J N K ENTERPRISE LLC Contributor address; City; State; Zip Code 12401 Dessau Rd. Apt.405 Austin, TX 78754	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 03/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jastrow, Kenneth II (Mr.) Contributor address; City; State; Zip Code 1242 PT RANCH RD Round Mountain, TX 78667-8767	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jones, Marsha (Ms.) Contributor address; City; State; Zip Code 1508 Raleigh Ave. Austin, TX 78703	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jung, Richard (Mr.) Contributor address; City; State; Zip Code 2530 Harris Blvd. Austin, TX 78703	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/21 Report: 13/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kallerman, Richard 6 Contributor address; City; State; Zip Code 2510 Cedarview Dr Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Khataw, Ali (Mr.) Contributor address; City; State; Zip Code 7914 Bee Caves Rd. Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kilby, Ann (Ms.) Contributor address; City; State; Zip Code 2308 N River Hills Rd. Austin, TX 78733	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kim, Paul (Mr.) Contributor address; City; State; Zip Code 10524 Roy Butler Dr. Austin, TX 78717	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lasorsa, Dominic Contributor address; City; State; Zip Code 23058 Pedernales Canyon Trl Austin, TX 78669	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/21 Report: 14/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 01/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lasorsa, Dominic 6 Contributor address; City; State; Zip Code 23058 Pedernales Canyon Trl Austin, TX 78669	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Law Office of William Jang, PLLC Contributor address; City; State; Zip Code 314 E Highland Mall Blvd., # 406 Austin, TX 78752	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) London, Alice Contributor address; City; State; Zip Code 101 Ridgemont Ct Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lovell, James Contributor address; City; State; Zip Code 1804 Yaupon Valley Rd Austin, TX 78746	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Garrett (Mr.) Contributor address; City; State; Zip Code 2602 Kinney Oaks Ct. Austin, TX 78704	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 17/21 Report: 19/32

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

3 ACCOUNT # (Ethics Commission filers)

00232323

4 Date

5 Full name of contributor out-of-state PAC (ID# _____)
Reese, Pamela (Mrs.)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

02/16/2012

6 Contributor address; City; State; Zip Code
3511 Westlake Dr
Austin, TX 78746

\$2,500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Reese, Pamela (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/18/2012

Contributor address; City; State; Zip Code
3511 Westlake Drive
Austin, TX 78746

\$5,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Resnik, Diana (Ms.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/03/2012

Contributor address; City; State; Zip Code
8112 Cardin Dr.
Austin, TX 78759

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Rieck, Peter (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/03/2012

Contributor address; City; State; Zip Code
6805 Vallecito Dr.
Austin, TX 78759

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)
Rodriguez, Geronimo Jr. (Mr.)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/03/2012

Contributor address; City; State; Zip Code
P. O. BOX 40774
Austin, TX 78704

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/21 Report: 20/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 04/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schattman, Sarah 6 Contributor address; City; State; Zip Code 2301 Monarch Dr. Austin, TX 78748	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/05/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seligman, Sharon (Ms.) Contributor address; City; State; Zip Code 21600 Serendipity Pl. Spicewood, TX 78669	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shim, Donghun (Mr.) Contributor address; City; State; Zip Code 2815 Waterbank Cv. Austin, TX 78746	Amount of contribution (\$) \$400.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shim, Hana (Ms.) Contributor address; City; State; Zip Code 3703 Needles Dr. Austin, TX 78746	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Courtney (Mr.) Contributor address; City; State; Zip Code 1908 Barton Parkway Austin, TX 78704	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/21 Report: 21/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Henry (Mr.) 6 Contributor address; City; State; Zip Code 12409 Cascade Caverns Trl. Austin, TX 78739	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smitheal, Jeremy (Mr.) Contributor address; City; State; Zip Code 100 Congress Ave. Ste. 780 Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Soifer, Jan Contributor address; City; State; Zip Code 5408 Hurlock Dr Austin, TX 78731	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Staats, Marsha (Ms.) Contributor address; City; State; Zip Code 2311 Island Wood Rd. Austin, TX 78733	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stone, Keith (Mr.) Contributor address; City; State; Zip Code 4716 St. Johns Dr. Dallas, TX 75205	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 20/21 Report: 22/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 03/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tiemann, Donna (Ms.) 6 Contributor address; City; State; Zip Code 3203 Cupid Dr. Austin, TX 78735	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 02/16/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Topfer, Alan (Mr.) Contributor address; City; State; Zip Code 3718 Hunterwood Pl. Austin, TX 78746	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Travis County Sheriffs Officers Assn. PAC Contributor address; City; State; Zip Code 400 W. 14th St., Suite 220 Austin, TX 78701	Amount of contribution (\$) \$1,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/03/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Valadka, Alex (Mr.) Contributor address; City; State; Zip Code 210 Lee Barton Dr. # 201 Austin, TX 78704	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 03/31/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wangnick, Norbert (Mr.) Contributor address; City; State; Zip Code 9001 Camelback Dr. Austin, TX 78733	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/21 Report: 23/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 02/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wild Horse Investments, LTD. 6 Contributor address; City; State; Zip Code 9900 Highway 290 East Manor, TX 78653	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/9 Report: 24/32		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 02/06/2012		5 Payee name American Express			
6 Amount (\$) \$6.23		7 Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant a/c	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/05/2012		Payee name American Express			
Amount (\$) \$47.31		Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant a/c	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 04/05/2012		Payee name American Express			
Amount (\$) \$7.38		Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card merchant accou;nt fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/27/2012		Payee name AT & T			
Amount (\$) \$43.14		Payee address City; State; Zip Code P. O. BOX 5001 Carol Stream, IL 60197-5001			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> telephone service	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/9 Report: 25/32		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 03/26/2012		5 Payee name AT & T			
6 Amount (\$) \$43.20		7 Payee address City; State; Zip Code P.O.BOX 5001 Carol Stream, IL 60197-5001			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> telephone service	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 01/03/2012		Payee name Bank of America			
Amount (\$) \$44.41		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant a/c	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 02/02/2012		Payee name Bank of America			
Amount (\$) \$72.69		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant a/c	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 03/02/2012		Payee name Bank of America			
Amount (\$) \$52.38		Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant a/c	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/9 Report: 26/32	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 04/02/2012	5 Payee name Bank of America
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6 Amount (\$) \$86.46	7 Payee address City; State; Zip Code P. O. BOX 2485 Spokane, WA 99210-2485
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit card Merchant account fees
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/16/2012	Payee name Brown, Garry (Mr.)
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Amount (\$) \$480.00	Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/05/2012	Payee name Burnt Orange Report
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Amount (\$) \$100.00	Payee address City; State; Zip Code 1512 A Pennsylvania Ave. Austin, TX 78702
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event sponsorship
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/18/2012	Payee name Central Market
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Amount (\$) \$201.33	Payee address City; State; Zip Code 4001 N. Lamar Blvd. Austin, TX 78756
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Food & beverages
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/9 Report: 27/32	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 02/08/2012	5 Payee name Constant Contact
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6 Amount (\$) \$58.99	7 Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email service
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/08/2012	Payee name Constant Contact
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Amount (\$) \$58.19	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/08/2012	Payee name Constant Contact
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Amount (\$) \$58.19	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/28/2012	Payee name Fry's Electronics
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Amount (\$) \$606.17	Payee address City; State; Zip Code 12707 No. Mopac Expressway Austin, TX 78727
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printer & toner
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/9 Report: 28/32	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 01/27/2012	5 Payee name Gilbert, Karen (Ms.)
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6 Amount (\$) \$2,500.00	7 Payee address City; State; Zip Code 103 B Franklin Blvd. Austin, TX 78751
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign consulting services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/06/2012	Payee name Gilbert, Karen (Ms.)
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 103 B Franklin Blvd. Austin, TX 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign consulting services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/30/2012	Payee name Gilbert, Karen (Ms.)
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Amount (\$) \$2,500.00	Payee address City; State; Zip Code 103 B Franklin Blvd. Austin, TX 78751
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign consulting services
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 03/28/2012	Payee name Goss, Delwin (Mr.)
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Amount (\$) \$1,000.00	Payee address City; State; Zip Code 6410 Ponca St. Austin, TX 78741
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign sign placements
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 6/9 Report: 29/32	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 03/30/2012	5 Payee name Holmes, David (Mr.)
6 Amount (\$) \$2,000.00	7 Payee address City; State; Zip Code 1781 Spyglass Dr. # 196 Austin, TX 78746

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign services
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/05/2012	Payee name Office Max
Amount (\$) \$14.06	Payee address City; State; Zip Code 4615 No. Lamar Austin, TX 78756

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/10/2012	Payee name Office Max
Amount (\$) \$10.83	Payee address City; State; Zip Code 4615 No. Lamar Austin, TX 78756

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 04/18/2012	Payee name Office Max
Amount (\$) \$158.53	Payee address City; State; Zip Code 4615 No. Lamar Austin, TX 78756

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Event supplies
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 7/9 Report: 30/32	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 04/18/2012	5 Payee name Texas AFL-CIO
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6 Amount (\$) \$300.00	7 Payee address City; State; Zip Code 1106 Lavaca St. # 200 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraiser facility
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/16/2012	Payee name Threadgills World Headdquarters
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Amount (\$) \$300.00	Payee address City; State; Zip Code Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Room deposit
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 02/16/2012	Payee name Threadgills World Headdquarters
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Amount (\$) \$428.91	Payee address City; State; Zip Code Austin, TX 78701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Fundraising event
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 01/10/2012	Payee name Travis County Democratic Party
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Amount (\$) \$5,000.00	Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Political contribution
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 8/9 Report: 31/32		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 01/14/2012	5 Payee name USPS				
6 Amount (\$) \$15.84	7 Payee address City; State; Zip Code 3507 No. Lamar Austin, TX 78705-9997				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/01/2012	Payee name USPS				
Amount (\$) \$180.00	Payee address City; State; Zip Code Downtown Station Austin, TX 78701-9998				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/20/2012	Payee name USPS				
Amount (\$) \$32.40	Payee address City; State; Zip Code 4300 Speedway Austin, TX 78705-9998				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/10/2012	Payee name USPS				
Amount (\$) \$360.00	Payee address City; State; Zip Code Central Park West Station Austin, TX 78705				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 9/9 Report: 32/32		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 04/12/2012	5 Payee name USPS				
6 Amount (\$) \$270.00	7 Payee address City; State; Zip Code Downtown Station Austin, TX 78701				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Postage		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 02/03/2012	Payee name WebEx Communications, Inc.				
Amount (\$) \$20.00	Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data base management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 03/03/2012	Payee name WebEx Communications, Inc.				
Amount (\$) \$20.00	Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data base management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 04/03/2012	Payee name WebEx Communications, Inc.				
Amount (\$) \$604.70	Payee address City; State; Zip Code 3979 Freedom Circle Santa Clara, CA 95054				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Data base management		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

Image# 10990630591

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines **12FE4M5**

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE

ADDRESS (number and street) **1625 L STREET NW**

(Check if address is changed) **WASHINGTON DC 20038**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) **taggart@afscme.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) **NONE**

2. DATE **07 / 06 / 2010**

3. FEC IDENTIFICATION NUMBER **C C00011114**

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **LEE A. SAUNDERS**

Signature of Treasurer Electronically Filed by LEE A. SAUNDERS Date **07 / 06 / 2010**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES, AFL-CIO

Mailing Address 1625 L STREET NW WASHINGTON DC 20036 CITY STATE ZIP CODE

Relationship:

[X] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name CHARLES JURGONIS Mailing Address 1625 L Street NW Washington DC 20036 Title or Position DIRECTOR Telephone number 202 - 429 - 1007

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer LEE A. SAUNDERS Mailing Address 1625 L Street NW Washington DC 20036 Title or Position SECRETARY-TREASURER Telephone number 202 - 429 - 1200

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AMALGAMATED BANK OF NEW YORK

Mailing Address

1825 K Street, NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

730 15th Street, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE

Mailing Address

125 Barclay Street

New York

NY

10007

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant

[ADDITIONAL]

FEC ID number

C