

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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

14 ACCOUNT # (Ethics Commission filers)
00232323

15 NOTICE FROM POLITICAL COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

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

\$ 30.00

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

\$ 2,430.00

EXPENDITURE TOTALS

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

\$ 150.13

4. TOTAL POLITICAL EXPENDITURES

\$ 7,637.60

CONTRIBUTION BALANCE

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

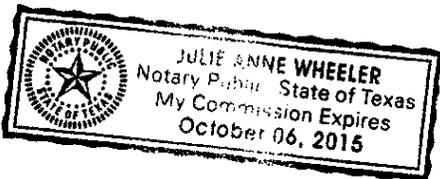
\$ 103,755.62

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 9th day of July, 2012, to certify which, witness my hand and seal of office.

Julianne Wheeler
Signature of officer administering oath

Julie Wheeler
Print name of officer administering oath

Notary Public State of TX
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: 1/2 Report: 3/8	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 06/15/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capital Area Asian American Democratic Progress PAC 6 Contributor address; City; State; Zip Code P. O. Box 4560 Austin, TX 78765	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
10 Employer (See Instructions)			
Date 06/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capitol Area Democratic Women PAC Contributor address; City; State; Zip Code PO Box 12962 Austin, TX 78711	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 05/29/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Damuth, Steven Contributor address; City; State; Zip Code PO Box 68490 Austin, TX 78768	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 05/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frederick, David (Mr.) Contributor address; City; State; Zip Code 414 Ridgewood Rd. Austin, TX 78746	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			
Date 06/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jackson, Andrew (Mr.) Contributor address; City; State; Zip Code 25315 HWY 71 W. Spicewood, TX 78669	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Employer (See Instructions)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 4/8

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

3 ACCOUNT # (Ethics Commission filers)
00232323

4 Date

05/29/2012

5 Full name of contributor out-of-state PAC (ID# _____)
Wilson, Jerrell (Mr.)

6 Contributor address; City; State; Zip Code
3121 Ski Shores Terrace
Austin, TX 78730

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)
\$500.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

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

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 5/8		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 05/24/2012		5 Payee name AT & T			
6 Amount (\$) \$43.16		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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/29/2012		Payee name AT & T			
Amount (\$) \$43.16		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:	
Date 06/27/2012		Payee name Austin AFL-CIO Council			
Amount (\$) \$100.00		Payee address City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705			
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"/> Staff parking	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 06/04/2012		Payee name Bank of America			
Amount (\$) \$5.00		Payee address City; State; Zip Code 12400 Hwy. 72 W. Bldg. F Bee Cave, TX 78738			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Credit Card Merchant Account fees	
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
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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: 2/4 Report: 6/8		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 06/04/2012	5 Payee name Bank of America				
6 Amount (\$) \$110.36	7 Payee address City; State; Zip Code 12400 Hwy. 72 W. Bldg. F Bee Cave, TX 78738				
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 Mercant Account fees		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/06/2012	Payee name Brown, Garry (Mr.)				
Amount (\$) \$240.00	Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/29/2012	Payee name Brown, Garry (Mr.)				
Amount (\$) \$200.00	Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 06/08/2012	Payee name Constant Contact				
Amount (\$) \$58.19	Payee address City; State; Zip Code 1601 Trapelo Rd. #329 Waltham, MA 02451				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> email services		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/4 Report: 7/8	2 FILER NAME Huber, Karen L. (Mrs.)	3 ACCOUNT # (TEC filers) 00232323
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4 Date 06/14/2012	5 Payee name Duarte, Lori (Ms.)
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6 Amount (\$) \$500.00	7 Payee address City; State; Zip Code 90001 Amberglen Dr. #7208 Austin, TX 78729
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Salary supplement
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 05/25/2012	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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9 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 05/25/2012	Payee name Holmes, David (Mr.)
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Amount (\$) \$2,000.00	Payee address City; State; Zip Code 1781 Spyglass Dr. # 196 Austin, TX 78746
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign 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 05/29/2012	Payee name Ink Technologies
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Amount (\$) \$164.00	Payee address City; State; Zip Code 7600 McEwen Rd. Dayton, OH 45459
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9 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"/> Ink Cartridges
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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
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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: 4/4 Report: 8/8		2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (TEC filers) 00232323	
4 Date 05/25/2012		5 Payee name Travis County Democratic Party			
6 Amount (\$) \$1,000.00		7 Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Coordinated Campaign	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/20/2012		Payee name U.S.Postal Service			
Amount (\$) \$48.60		Payee address City; State; Zip Code 3507 No. Lamar Blvd. 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:	
Date 05/21/2012		Payee name U.S.Postal Service			
Amount (\$) \$70.00		Payee address City; State; Zip Code 3507 No. Lamar Blvd. 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"/> P. O. Box rental	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 05/21/2012		Payee name U.S.Postal Service			
Amount (\$) \$405.00		Payee address City; State; Zip Code Downtown Station Austin, TX 78701			
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:	