

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7900

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: David MI: A. NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center;">Escamilla</p>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 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 #</p> <p style="font-size: x-small; margin: 0;">Date Processed</p> <p style="font-size: x-small; margin: 0;">Date Imaged</p> </div> <div style="font-size: small; margin-top: 5px;"> <p style="text-align: center;">Dana Del Valle County Clerk Travis County Texas</p> <p style="text-align: center;">2012 JUL 16 PM 12:13</p> <p style="text-align: center; font-weight: bold;">FILED FOR RECORD</p> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 5703 Spurflower Dr. Austin TX 78759		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 289-3847		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: David MI: A. NICKNAME: _____ LAST: _____ SUFFIX: _____ <p style="text-align: center;">Escamilla</p>		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5703 Spurflower Dr. Austin TX 78759		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 289-3847		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 2012 THROUGH 06 / 30 / 2012		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 06 / 2012		
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)
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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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$ 900.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,192.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 114,372.37
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.



S. A. E. / K

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Albert Escamilla, this the 16 day of July, 2012, to certify which, witness my hand and seal of office.

<i>Lisa Ann Faz</i>	<u>Lisa Ann Faz</u>	<u>Admin. Assist.</u>
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 1**

2 FILER NAME **David Albert Escamilla**

3 ACCOUNT # (Ethics Commission Filers)

4 Date **01/17/12**

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

6 Contributor address; City; State; Zip Code
**1707 Elton Lane
Austin, TX 78703**

7 Amount of contribution (\$) **\$ 150.00**

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 **01/17/12**

Full name of contributor out-of-state PAC (ID#: _____)
J. Scott Wilson

Contributor address; City; State; Zip Code
**10006 Woodstock Dr.
Austin, TX 78753**

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 **03/24/12**

Full name of contributor out-of-state PAC (ID#: **C00011114**)
American Federation of State, County & Municipal Employees (AFSCME) PEOPLE PAC

Contributor address; City; State; Zip Code
**1625 L. Sreet, NW
Washington D.C. 20036** (See Attachment)

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

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

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(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#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

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 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 3	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 01/17/12	5 Payee name Piryx, Inc.
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6 Amount (\$) \$ 11.25	7 Payee address; City; State; Zip Code 144 2nd St. 1st Floor San Francisco, CA 94105
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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: Scott Wilson contribution
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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 01/18/12	Payee name Capital Area Asian American Democrats
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Amount (\$) \$ 250.00	Payee address; City; State; Zip Code P.O. Box 300595 Austin, TX 78703
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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-Fundraiser Sponsor
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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 01/24/12	Payee name Central Texas Democratic Forum
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Amount (\$) \$ 120.00	Payee address; City; State; Zip Code c/o Chuck Herring 1204 Castle Hill Street, Austin, Texas 78703
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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) Annual Membership Dues
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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 03/03/12	Payee name Austin Tejano Democrats
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Amount (\$) \$ 500.00	Payee address; City; State; Zip Code c/o Gloria Aleman 2544 Stoutwood Cir. Austin, Texas 78745
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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) Event Sponsorship
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 3	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/24/12	5 Payee name Burnt Orange Report PAC
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6 Amount (\$) \$ 2000.00	7 Payee address; City; State; Zip Code 1512A Pennsylvania Ave. Austin, TX 78702
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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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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/07/12	Payee name Black Austin Democrats
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Amount (\$) \$ 250.00	Payee address; City; State; Zip Code P.O. 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) Political Contribution-Fundraiser Sponsor
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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 04/18/12	Payee name CheckMark Typesetting
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Amount (\$) \$ 86.60	Payee address; City; State; Zip Code 3217 N. IH 35 Austin, Texas 78722
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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) Campaign Banner
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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 04/18/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 75.00	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) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Banner Fee @ County Convention
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 3	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 04/18/12	5 Payee name Travis County Democratic Party
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6 Amount (\$) \$ 5000.00	7 Payee address; City; State; Zip Code P.O. Box 684263 Austin, Texas 78768-4263
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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 - Coordinated Campaign
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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 04/18/12	Payee name Karen Huber Campaign
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Amount (\$) \$ 250.00	Payee address; City; State; Zip Code P.O. Box 302495 Austin, TX 78703
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/17/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 2000.00	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) Political Contribution - Event 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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Date 06/21/12	Payee name Efrain De La Fuente Campaign
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Amount (\$) \$ 2500.00	Payee address; City; State; Zip Code P.O. Box 91446 Austin, TX 78709
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 01/23/12	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 02/22/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Date 03/22/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Date 04/20/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 05/30/12	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 06/22/12	Payee name Travis County Democratic Party
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Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1 of 1	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/05/12	5 Business name Texas District and County Attorneys Foundation
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6 Amount (\$) \$ 5000.00	7 Business address; City; State; Zip Code 505 W. 12th St., Suite 100 Austin, Texas 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donations made by Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Charitable 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	Business name
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Amount (\$)	Business 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Business name
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Amount (\$)	Business 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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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/13/12	5 Payee name Sheriff's Memorial & Benevolent Society of Travis County, Inc.
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6 Amount (\$) \$ 500.00	7 Payee address; City; State; Zip Code P.O. Box 252 Del Valle, Texas 78617
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Donations made by Officeholder	(b) Description (See instructions regarding type of information required.) Charitable donation
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Date 03/21/12	Payee name Anti-Defamation League
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Amount (\$) \$ 1000.00	Payee address; City; State; Zip Code 11940 Jollyville Rd., Suite 309-S Austin, Texas 78759
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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
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Date 04/25/12	Payee name Mothers Against Drunk Driving Texas
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Amount (\$) \$ 240.00	Payee address; City; State; Zip Code 3910 S. IH 5, Suite #225 Austin, Texas 78704
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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 - Walk Like MADD
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Date 05/15/12	Payee name Austin Children's Shelter
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Amount (\$) \$ 2500.00	Payee address; City; State; Zip Code 4800 Manor Road Austin, Texas 78723
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

