

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

7969

<b>1</b> ACCOUNT # 00232323	<b>2</b> PAGE # 1 of 32 <i>33 B&amp;B</i>
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<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen L.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Huber	SUFFIX			
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report				
<b>5</b> ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07/01/2012		THROUGH	09/27/2012		
	Legal	Date Processed	Date Imaged	Receipt #	Amount	Total

**6** EXPLANATION OF CORRECTION

On October 17, 2012, I was first notified with a copy of the invoice for a fundraiser hosted by Mrs. Melanie Barnes in her home on September 24, 2012 in Amount of \$3,528.22.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports:** This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports (excluding semiannual reports):** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

*Karen L. Huber*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Karen L. Huber this the 25th day of October, 2012, to certify which, witness my hand and seal of office.

*Julie Anne Wheeler* Julie Anne Wheeler Notary Public  
 \_\_\_\_\_  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00232323	2 PAGE # 2 of 32
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Karen L.	MI
	NICKNAME	LAST Huber	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	P. O. Box 302495 Austin, TX 78703		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joseph G.	MI
	NICKNAME	LAST Pickle	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	110 Las Lomas Austin, TX 78746		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 327-2403			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
<input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month	Day	Year
	07/01/2012		THROUGH
		Month	Day
		09/27/2012	
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11/06/2012		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		
	Travis Co. Commissioner Pct. 3		
12 OFFICE SOUGHT (if known)			

**GO TO PAGE 2**

# 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
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 1,316.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 96,631.72

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 14.98

4. TOTAL POLITICAL EXPENDITURES \$ 92,560.09

CONTRIBUTION BALANCE

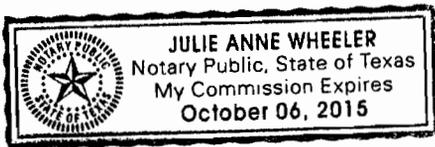
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 51,851.51

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 25th day of October, 2012, to certify which, witness my hand and seal of office.

*Julie Anne Wheeler* Julie Anne Wheeler Notary Public  
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: 1/18 Report: 4/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alsup, Marion (Ms.)  6 Contributor address; City; State; Zip Code 2311 Pruett St. 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  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Patricia (Ms.)  Contributor address; City; State; Zip Code 5705 Scout Island Cove Austin, TX 78731	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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ayres, Robert (Mr.)  Contributor address; City; State; Zip Code 2408 Keating Ln. Austin, TX 78703	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  09/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Melanie (Ms.)  Contributor address; City; State; Zip Code 901 S. MOPAC Expressway Suite 1-100 Austin, TX 78746	Amount of contribution (\$)  \$3,528.22	In-kind contribution description (if applicable) Catering for fundraiser 9-24-2012
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Barnes, Patricia (Ms.)  Contributor address; City; State; Zip Code 309 Nixon St. 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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/18 Report: 5/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/21/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaudin, Christine (Ms.)  6 Contributor address; City; State; Zip Code 4908 Canyon Ranch Trail Spicewood, TX 78669	7 Amount of contribution (\$)  \$100.00	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  09/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Beaver, Becky (Ms.)  Contributor address; City; State; Zip Code 816 Congress Ave. Suite 1600 Austin, TX 78701	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  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Biggs, Glenn (Mrs.)  Contributor address; City; State; Zip Code 2 Glendalough Ct. San Antonio, TX 78209	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  08/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bingham, Bill (Mr.)  Contributor address; City; State; Zip Code 612 East 43rd St. Austin, TX 78751	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  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bone, Barry (Mr.)  Contributor address; City; State; Zip Code 6 Rock Way Cove Austin, TX 78746	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: 3/18 Report: 6/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date 09/24/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bracewell & Giuliani Committee  6 Contributor address; City; State; Zip Code 711 Louisiana, St., Ste. 2300 Houston, TX 77002	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/14/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Briggs, Rambie  6 Contributor address; City; State; Zip Code 22017 Redbird Dr Lago Vista, TX 78645	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/22/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bristol, Valarie  6 Contributor address; City; State; Zip Code 512 Bullian Ln Austin, TX 78746	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 08/29/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bullock, Dan  6 Contributor address; City; State; Zip Code PO Box 5627 Austin, TX 78763	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date 09/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Capital Area Democratic Women  6 Contributor address; City; State; Zip Code P.O. BOX 12962 Austin, TX 78711	7 Amount of contribution (\$) \$2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/18 Report: 8/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/11/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Nan  6 Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	7 Amount of contribution (\$)  \$50.00	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  09/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Clayton, Nan  Contributor address; City; State; Zip Code 2909 Oak Lane Dr. Austin, TX 78704	Amount of contribution (\$)  \$50.00	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  09/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Covington, Sidney (Mr.)  Contributor address; City; State; Zip Code 4810 Placid Pl. Sustin, TX 78731	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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Daughety, Ann  Contributor address; City; State; Zip Code 4001 Eagles Landing Cv Austin, TX 78735	Amount of contribution (\$)  \$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  09/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Robert (Mr.)  Contributor address; City; State; Zip Code 3607 Pinnacle Rd. # 3 Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/18 Report: 9/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/01/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dickie, Martha (Mrs.)  6 Contributor address; City; State; Zip Code 503 Brookhaven Trail Austin, TX 78746	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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dries, Laurie (Ms.)  Contributor address; City; State; Zip Code 1901 Toro Canyon Rd. Unit B Austin, TX 78746	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  09/10/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dyניה, Thomas (Mr.)  Contributor address; City; State; Zip Code 3207 China Grove Austin, TX 78745	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  09/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eason, Patty (Ms.)  Contributor address; City; State; Zip Code 1401S. College St. Georgetown, TX 78626	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  08/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eskridge, Nancy (Ms.)  Contributor address; City; State; Zip Code 2304 Standish Austin, TX 78745	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: 8/18 Report: 11/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/17/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hargis, Sharron (Ms.) ..... 6 Contributor address; City; State; Zip Code 7705 Whitson Dr. Austin, TX 78749	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  07/07/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heath, James (Mr.) ..... Contributor address; City; State; Zip Code 107 Settlers Valley Pflugerville, TX 78660	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/06/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hecker, Marvin ..... Contributor address; City; State; Zip Code 1319 Wilson Heights Dr Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hilgers, David (Mr.) ..... Contributor address; City; State; Zip Code 701 Yaupon Valley Dr Austin, TX 78746	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) House, Candice (Ms.) ..... Contributor address; City; State; Zip Code 13412 Saddleback Pass Austin, TX 78738	Amount of contribution (\$)  \$4,300.00	In-kind contribution description (if applicable) Development work on Campaign website and materials
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/18 Report: 13/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  08/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kitchen, Ann  6 Contributor address; City; State; Zip Code 2401 Briargrove Austin, TX 78704	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  09/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lipscombe, John  Contributor address; City; State; Zip Code 6600 Mesa Dr Austin, TX 78731	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/20/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lloyd, Margaret (Ms.)  Contributor address; City; State; Zip Code 9005 Jamaica Bch Galveston, TX 77554	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lorenz, Perry (Mr.)  Contributor address; City; State; Zip Code 1311 E 6th St Ste A Austin, TX 78702	Amount of contribution (\$)  \$2,500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  08/30/2012	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)
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: 12/18 Report: 15/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  07/16/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Moore, Joseph (Mr.)  6 Contributor address; City; State; Zip Code 2001 Ford St. 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  07/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Morton, Peggy (Ms.)  Contributor address; City; State; Zip Code 3514 IPinnacle Austin, TX 78746	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  09/17/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Niland, Nona MD  Contributor address; City; State; Zip Code 3939 Bee Cave Rd Bldg C-100 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  09/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Norwood, Jane  Contributor address; City; State; Zip Code 4500 Eagles Landing Dr Austin, TX 78735	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  09/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nowlin, Bettye (Mrs.)  Contributor address; City; State; Zip Code 3327 Far View Drive Austin, TX 78730	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
		(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: 13/18 Report: 16/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/26/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nyer, Genie (Ms.)  6 Contributor address; City; State; Zip Code 206 Ashworth 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  09/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Oliver, Robert (Mr.)  Contributor address; City; State; Zip Code 616 Rocky Ledge Rd. 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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Page, Daniel  Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Page, Lee (Ms.)  Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749	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  09/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peel, Larry (Mr.)  Contributor address; City; State; Zip Code P O Box 248 Austin, TX 78767	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: 14/18 Report: 17/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  09/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Penridge, Eleanor  6 Contributor address; City; State; Zip Code 15100 Hamilton Pool Rd Austin, TX 78738	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  09/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, James (Mr.)  Contributor address; City; State; Zip Code 25008 Pedernales Canyon Trl. 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  09/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinnelli, Janis (Mrs.)  Contributor address; City; State; Zip Code PO Box 50038 Austin, TX 78763	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  07/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Portman, Michael (Mr.)  Contributor address; City; State; Zip Code 901 W 9th St. # 308 Austin, TX 78703	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  08/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prager, Herman III (Mr.)  Contributor address; City; State; Zip Code 8600 Ranch Road 620 No. Apt 210 Austin, TX 78726	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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 15/18 Report: 18/32	
<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323	
<b>4</b> Date  09/22/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Prudhomme, Gilbert m (Mr.)  <b>6</b> Contributor address; City; State; Zip Code 8217 Shoal Creek Blvd. Ste. 104 Austin, TX 78757	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Pam (Ms.)  Contributor address; City; State; Zip Code 1503 Harbor View Austin, TX 78746	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reese, Pamela (;ms)  Contributor address; City; State; Zip Code 3511 Westlake Dr. Austin, TX 78746	Amount of contribution (\$)  \$10,000.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roth, Daniel (Mr.)  Contributor address; City; State; Zip Code 1503 Wildcat Hollow Austin, TX 78746	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (If travel outside of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  09/27/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sanger, Mary  Contributor address; City; State; Zip Code 704 Carolyn Ave Austin, TX 78705	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)          <input type="checkbox"/> (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: 16/18 Report: 19/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  08/25/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schmidli, Lisette  6 Contributor address; City; State; Zip Code 3656 Ranch Creek Austin, TX 78730	7 Amount of contribution (\$)  \$1,000.00	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  09/11/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Scott, Marilyn (Ms.)  Contributor address; City; State; Zip Code 11512 Tin Cup Apt. 111 Austin, TX 78750	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  08/28/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shipley, George  Contributor address; City; State; Zip Code 919 Congress Ave Ste 919 Austin, TX 78701	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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Siff, Theodore  Contributor address; City; State; Zip Code 604 W 11th St Austin, TX 78701	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  09/22/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smiley, Martha  Contributor address; City; State; Zip Code 413 W Live Oak 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)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/18 Report: 20/32	
2 FILER NAME Huber, Karen L. (Mrs.)		3 ACCOUNT # (Ethics Commission filers) 00232323	
4 Date  08/27/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Smith, Craig (Mr.)  6 Contributor address; City; State; Zip Code 1908 Barton Pkwy. 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  09/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Spelman, Niyanta (Ms.)  Contributor address; City; State; Zip Code 3802 Avenue F Austin, TX 78751	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  09/14/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Starnes, Debra (Ms.)  Contributor address; City; State; Zip Code 2509 Sailpoint Dr. 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  09/01/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tovo, Kathrine (Ms.)  Contributor address; City; State; Zip Code 809 West 32nd St. Austin, TX 78705	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  07/19/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Vaughan, Ben III  Contributor address; City; State; Zip Code 2403 Sweetbrush Dr Austin, TX 78703	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 <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/18 Report: 21/32	
<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00232323	
<b>4</b> Date  09/02/2012	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Winkler, Hugh  ..... <b>6</b> Contributor address; City; State; Zip Code 9510 Mor Dr Dripping Springs, TX 78620	<b>7</b> Amount of contribution (\$)  \$100.00	<b>8</b> In-kind contribution description (if applicable)      (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
<b>9</b> Principal occupation / Job title (See Instructions)		<b>10</b> Employer (See Instructions)	
Date  09/12/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Yost, Nathan (Mr.)  ..... Contributor address; City; State; Zip Code 1818 Travis Heights Blvd. Austin, TX 78704	Amount of contribution (\$)  \$19,575.00	In-kind contribution description (if applicable) Website development, signage design    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

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

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

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

The INSTRUCTION GUIDE explains how to complete this form.

<b>1</b> PAGE # Schedule: 1/10 Report: 22/32	<b>2</b> FILER NAME Huber, Karen L. (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 08/06/2012	<b>5</b> Payee name American Express
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<b>6</b> Amount (\$) \$0.87	<b>7</b> Payee address City; State; Zip Code P.O. Box 53852 Phoenix, AZ 85072-3852
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<b>8</b> 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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/20/2012	Payee name AT & T
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Amount (\$) \$43.05	Payee address City; State; Zip Code P. O. BOX 5001 Carol Stream, IL 60197-5001
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign telephone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/24/2012	Payee name AT & T
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Amount (\$) \$43.00	Payee address City; State; Zip Code P. O. BOX 5001 Carol Stream, IL 60197-5001
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign telephone
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/03/2012	Payee name Austin AFL-CIO Council
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Amount (\$) \$215.00	Payee address City; State; Zip Code 2520 Longview St. Suite 211 Austin, TX 78705
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Labor day ad
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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: 2/10 Report: 23/32 **2** FILER NAME Huber, Karen L. (Mrs.) **3** ACCOUNT # (TEC filers) 00232323

**4** Date 07/02/2012 **5** Payee name Bank of America

**6** Amount (\$) \$29.45 **7** Payee address City; State; Zip Code  
P. O. BOX 2485  
Spokane, WA 99210-2485

**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)  Credit Card Merchant Account Fees

**9** Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 08/02/2012 Payee name Bank of America

Amount (\$) \$26.97 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)  Credit card merchant account fees

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 09/04/2012 Payee name Bank of America

Amount (\$) \$132.40 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)  Credit card merchant account fees

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 09/07/2012 Payee name Brown, Garry (Mr.)

Amount (\$) \$140.00 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)  Campaign 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	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.

<b>1</b> PAGE # Schedule: 3/10 Report: 24/32	<b>2</b> FILER NAME Huber, Karen L. (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 09/27/2012	<b>5</b> Payee name Brown, Garry (Mr.)
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<b>6</b> Amount (\$) \$390.00	<b>7</b> Payee address City; State; Zip Code 1824 So. I.H. 35 # 358 Austin, TX 78704
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<b>8</b> 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"/> Campaign services
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/23/2012	Payee name Butts, David (Mr.)
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Amount (\$) \$800.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723
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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 08/20/2012	Payee name Butts, David (Mr.)
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Amount (\$) \$800.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723
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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 09/18/2012	Payee name Butts, David (Mr.)
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Amount (\$) \$800.00	Payee address City; State; Zip Code 1914 Patton Lane Austin, TX 78723
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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 research & 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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**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.

<b>1</b> PAGE # Schedule: 4/10 Report: 25/32	<b>2</b> FILER NAME Huber, Karen L. (Mrs.)	<b>3</b> ACCOUNT # (TEC filers) 00232323
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<b>4</b> Date 07/19/2012	<b>5</b> Payee name Camarillo, Sylvia (Ms.)
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<b>6</b> Amount (\$) \$1,750.00	<b>7</b> Payee address City; State; Zip Code Austin, TX
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<b>8</b> 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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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/06/2012	Payee name Camarillo, Sylvia (Ms.)
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Amount (\$) \$1,750.00	Payee address City; State; Zip Code Austin, TX
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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 08/30/2012	Payee name Camarillo, Sylvia (Ms.)
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Amount (\$) \$3,500.00	Payee address City; State; Zip Code Austin, TX
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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 08/24/2012	Payee name Checkmark Typesetting
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Amount (\$) \$8,736.77	Payee address City; State; Zip Code 3217 No. I. H. 35 Austin, TX 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) <input type="checkbox"/> Signs, etc.
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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.

<b>1</b> PAGE # Schedule: 5/10 Report: 26/32		<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 09/18/2012		<b>5</b> Payee name Clark-Madison, Mike (Mr.)			
<b>6</b> Amount (\$) \$500.00		<b>7</b> Payee address City; State; Zip Code 1105 N. Lamar Blvd. Austin, TX 78703			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign public relations	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/08/2012		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:
Date 09/08/2012		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:
Date 08/30/2012		Payee name Deshotel, Joe			
Amount (\$) \$350.00		Payee address City; State; Zip Code Austin, TX			
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:

**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: 6/10 Report: 27/32 **2** FILER NAME Huber, Karen L. (Mrs.) **3** ACCOUNT # (TEC filers) 00232323

**4** Date 07/09/2012 **5** Payee name Gilbert, Karen (Ms.)

**6** Amount (\$) \$2,500.00 **7** Payee address City; State; Zip Code  
103 B Franklin Blvd.  
Austin, TX 78751

**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)  Campaign Consulting Services

**9** Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 07/27/2012 Payee name Gilbert, Karen (Ms.)

Amount (\$) \$2,500.00 Payee address City; State; Zip Code  
103 B Franklin Blvd.  
Austin, TX 78751

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)  Campaign consulting services

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 08/30/2012 Payee name Gilbert, Karen (Ms.)

Amount (\$) \$1,000.00 Payee address City; State; Zip Code  
103 B Franklin Blvd.  
Austin, TX 78751

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)  Campaign consulting services

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought: Office held:

Date 08/30/2012 Payee name Goss, Delwin (Mr.)

Amount (\$) \$6,750.00 Payee address City; State; Zip Code  
6410 Ponca St.  
Austin, TX 78741

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description (If travel outside of Texas, complete Schedule T)  Highway signs placements

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.

<b>1</b> PAGE # Schedule: 7/10 Report: 28/32		<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 08/30/2012		<b>5</b> Payee name Kelly Graphics			
<b>6</b> Amount (\$) \$1,939.65		<b>7</b> Payee address City; State; Zip Code 1409 Quaker Ridge Austin, TX 78746			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Door hangers	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 08/30/2012		Payee name Littlefield, Mark (Mr.)			
Amount (\$) \$1,925.00		Payee address City; State; Zip Code P. O. Box 90591 Austin, TX 78709			
<b>8</b> 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 research	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/19/2012		Payee name Neely, Mary Ann (Ms.)			
Amount (\$) \$350.00		Payee address City; State; Zip Code 1908 Barton Parkway Austin, TX 78704			
<b>8</b> 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	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought:	Office held:
Date 09/07/2012		Payee name Office Max			
Amount (\$) \$198.07		Payee address City; State; Zip Code 4615 No. Lamar Austin, TX 78756			
<b>8</b> PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Laser printer & supplies	
<b>9</b> 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.

<b>1</b> PAGE # Schedule: 8/10 Report: 29/32		<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 09/19/2012		<b>5</b> Payee name Office Max			
<b>6</b> Amount (\$) \$97.38		<b>7</b> Payee address City; State; Zip Code 4615 No. Lamar Austin, TX 78756			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Printing supplies	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/13/2012		Payee name Pay Pal, Inc			
Amount (\$) \$0.79		Payee address City; State; Zip Code 2211 N. 1st St. San Jose, CA 95131			
<b>PURPOSE OF EXPENDITURE</b>		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:	
Date 07/27/2012		Payee name Texas AFL-CIO			
Amount (\$) \$100.00		Payee address City; State; Zip Code 1106 Lavaca St. # 200 Austin, TX 78701			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		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 08/24/2012		Payee name ThinkStreet, Inc.			
Amount (\$) \$2,870.33		Payee address City; State; Zip Code 3601 S. Congress Building C, Suite 200 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		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	
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

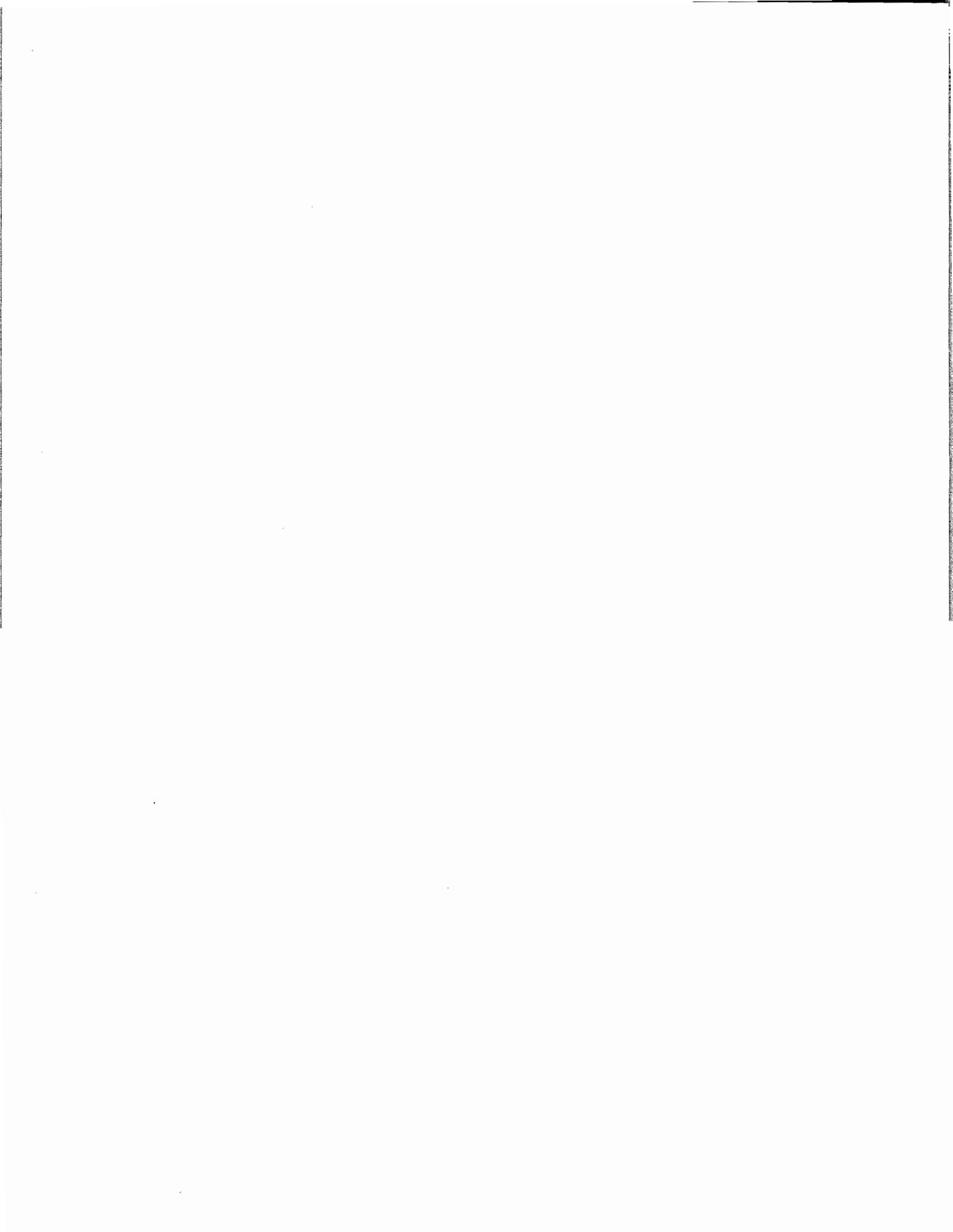
Gifts/Awards/Memorial Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

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.

<b>1</b> PAGE # Schedule: 9/10 Report: 30/32		<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 09/04/2012		<b>5</b> Payee name ThinkStreet, Inc.			
<b>6</b> Amount (\$) \$5,385.00		<b>7</b> Payee address City; State; Zip Code 3601 S. Congress Building C, Suite 200 Austin, TX 78704			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> September Community Impact	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/19/2012		Payee name ThinkStreet, Inc.			
Amount (\$) \$40,000.00		Payee address City; State; Zip Code 3601 S. Congress Building C, Suite 200 Austin, TX 78704			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Media buy	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/24/2012		Payee name Travis County Democratic Party			
Amount (\$) \$1,250.00		Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263			
<b>PURPOSE OF EXPENDITURE</b>		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 08/30/2012		Payee name Travis County Democratic Party			
Amount (\$) \$2,250.00		Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263			
<b>PURPOSE OF EXPENDITURE</b>		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:	



**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.

<b>1</b> PAGE # Schedule: 10/10 Report: 31/32		<b>2</b> FILER NAME Huber, Karen L. (Mrs.)		<b>3</b> ACCOUNT # (TEC filers) 00232323	
<b>4</b> Date 09/19/2012	<b>5</b> Payee name Travis County Democratic Party				
<b>6</b> Amount (\$) \$2,900.00	<b>7</b> Payee address City; State; Zip Code P. O. Box 684263 Austin, TX 78768-4263				
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign field services		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:	
Date 07/14/2012	Payee name U.S.Postal Service				
Amount (\$) \$180.00	Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	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 09/04/2012	Payee name U.S.Postal Service				
Amount (\$) \$90.00	Payee address City; State; Zip Code 7700 Northcross Dr. Austin, TX 78757				
<b>PURPOSE OF EXPENDITURE</b>	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 09/19/2012	Payee name U.S.Postal Service				
Amount (\$) \$135.00	Payee address City; State; Zip Code Downtown Station Austin, TX 78701				
<b>PURPOSE OF EXPENDITURE</b>	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:	

