

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

8372

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David	MI A.
	NICKNAME	LAST Escamilla	SUFFIX
OFFICE USE ONLY			
Date Received			
Date Hand-delivered or Postmarked			
Receipt #		Amount	
Date Processed			
Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 5703 Spurflower Dr.	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78759
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 289-3847	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David	MI A.
	NICKNAME	LAST Escamilla	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE Austin TX 78759
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 289-3847	EXTENSION
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 01 / 01 / 2014	THROUGH	Month Day Year 06 / 30 / 2014
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Travis County Attorney	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME David Albert Escamilla **15 ACCOUNT #** (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

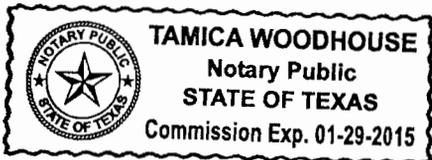
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

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

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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7560.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 90,791.69
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.



David A. Escamilla
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David A. Escamilla, this the 14th day of July, 20 14, to certify which, witness my hand and seal of office.

T. Furs Tamica Furs *Chap Spec II*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 2		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 01/19/14		5 Payee name North by Northwest Democrats			
6 Amount (\$) \$ 10.00		7 Payee address; City; State; Zip Code P.O. Box 29446 Austin, TX 78755			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) Membership Dues	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/25/14		Payee name Andy Brown Campaign			
Amount (\$) \$ 2500.00		Payee address; City; State; Zip Code PO Box 685212 Austin, TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/28/14		Payee name Travis County Democratic Party			
Amount (\$) \$ 3500.00		Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Table Sponsorship - JBR Dinner	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/28/14		Payee name Black Austin Democrats PAC			
Amount (\$) \$ 1000.00		Payee address; City; State; Zip Code PO Box 212 Austin, TX 78767			
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) Sponsorship - Austin Trailblazers Event	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 03/20/14	5 Payee name Mark Udall for Colorado Campaign	
6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code PO Box 40158 Denver, CO 80204-0158	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/14	Payee name State Tejano Democrats	
Amount (\$) \$ 150.00	Payee address; City; State; Zip Code 1805 Miles Ave Austin, TX 78745	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Ad in 2014 Convention Program
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/21/14	5 Payee name Travis County Democratic Party	
6 Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution
Date 02/20/14	Payee name Travis County Democratic Party	
Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
Date 03/20/14	Payee name Travis County Democratic Party	
Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution
Date 04/21/14	Payee name Travis County Democratic Party	
Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	Description (If travel outside of Texas, complete Schedule T) Political Contribution

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2		2 FILER NAME David Albert Escamilla		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 05/20/14		5 Payee name Travis County Democratic Party			
6 Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		(b) Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date 06/20/14		Payee name Travis County Democratic Party			
Amount (\$) \$ 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code PO Box 684263 Austin TX 78768			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Contributions Made By Officeholder		Description (If travel outside of Texas, complete Schedule T) Political Contribution	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1 of 1	2 FILER NAME David Albert Escamilla	3 ACCOUNT # (Ethics Commission Filers)
4 Date 01/06/14	5 Payee name Lone Star Awards & Trophies	
6 Amount (\$) \$ 119.00	7 Payee address; City; State; Zip Code 5201 N. Lamar Blvd. Austin, Texas 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Staff Retirement Gift - Kate Kelly
Date 03/12/14	Payee name Sheriff's Memorial Benevolent Society	
Amount (\$) \$ 500.00	Payee address; City; State; Zip Code Travis County Sheriff's Office 5555 Airport Blvd. Austin, TX 78751	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions Made By Officeholder	(b) Description (See instructions regarding type of information required.) Charitable Contribution - Scholarships
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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