



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

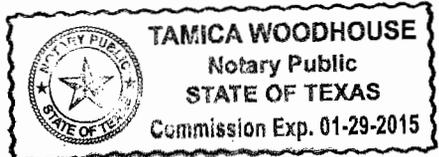
**14 C/OH NAME** David Albert Escamilla **15 ACCOUNT #** (Ethics Commission Filers)

**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.

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

<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1250.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 87,109.84
<b>OUTSTANDING LOAN TOTALS</b>	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.



*D. A. Escamilla*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David Albert Escamilla, this the 14<sup>th</sup> day of January, 20 15, to certify which, witness my hand and seal of office.

*T. Woodhouse* Signature of officer administering oath  
 Tamica Woodhouse Printed name of officer administering oath  
 City Spec. II 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.

<b>1</b> Total pages Schedule F: 1 of 1	<b>2</b> FILER NAME David Albert Escamilla	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 10/17/14	<b>5</b> Payee name Randall Slagle Campaign	
<b>6</b> Amount (\$) \$ 1000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 27607 Austin TX 78755	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Contributions Made By Officeholder	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Political Contribution <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	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 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.

<b>1</b> Total pages Schedule G: <b>1 of 2</b>	<b>2</b> FILER NAME <b>David Albert Escamilla</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>07/21/14</b>	<b>5</b> Payee name <b>Travis County Democratic Party</b>
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<b>6</b> Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>08/20/14</b>	Payee name <b>Travis County Democratic Party</b>
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Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>09/19/14</b>	Payee name <b>Travis County Democratic Party</b>
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Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>10/20/14</b>	Payee name <b>Travis County Democratic Party</b>
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Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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.

<b>1</b> Total pages Schedule G: <b>2 of 2</b>	<b>2</b> FILER NAME <b>David Albert Escamilla</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>11/20/14</b>	<b>5</b> Payee name <b>Travis County Democratic Party</b>
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<b>6</b> Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>12/13/14</b>	Payee name <b>Greg Casar Campaign</b>
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Amount (\$) <b>\$ 100.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 180941 Austin TX 78718</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Date <b>12/19/14</b>	Payee name <b>Travis County Democratic Party</b>
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Amount (\$) <b>\$ 25.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 684263 Austin TX 78768</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Contributions Made By Officeholder</b>	Description (If travel outside of Texas, complete Schedule T) <b>Political Contribution</b> <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1 of 1	<b>2</b> FILER NAME David Albert Escamilla	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 11/20/14	<b>5</b> Payee name Central Christian Church	
<b>6</b> Amount (\$) \$ 150.00	<b>7</b> Payee address; City; State; Zip Code 1110 Guadalupe Street Austin, Texas 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Rental for Office Holiday Staff Luncheon
Date 12/01/14	Payee name Chantelle Abruzzo	
Amount (\$) \$ 402.24	Payee address; City; State; Zip Code 15604 Poynette Place Austin, Texas 78717	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Reimbursement for Staff Holiday Gifts
Date 12/05/14	Payee name Lone Star Awards & Trophies	
Amount (\$) \$ 142.75	Payee address; City; State; Zip Code 5201 N. Lamar Blvd., Austin, TX 78751	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Retirement Commemorative Plaque - Ray Rike
Date 12/18/14	Payee name Allison Tisdale	
Amount (\$) \$ 1986.86	Payee address; City; State; Zip Code 1824 S. IH 35 Apt.114 Austin, TX 78704	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Food/Beverage Expense	<b>(b)</b> Description (See instructions regarding type of information required.) Reimbursement for Office/Employee Holiday Event @ El Mercado - Uptown

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