

FORM COR-PAC

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY			
3 COMMITTEE NAME		Austin Community For Change				Date Received	
4 TREASURER NAME		Richard Jung				Date Hand-delivered or Postmarked	
5 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)				Receipt # Amount	
6 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year <u>07</u> / <u>01</u> / <u>2012</u> THROUGH <u>09</u> / <u>27</u> / <u>2012</u>		Date Processed			
				Date Imaged			

7 EXPLANATION OF CORRECTION

The original Campaign Finance Report (submitted on October 9th, 2012) was missing the Political Expenditures page (Schedule F). We are submitting this page, which lists all political expenditures for our committee.

8 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 semiannual 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 due on or after September 1, 2011): 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.



[Signature]
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard Jung, this the 11th day of October, 20 12, to certify which, witness my hand and seal of office.

[Signature] Miri Choi Notary
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

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	2 FILER NAME Austin Community For Change	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 08/07/2012	5 Payee name XL Web Services, Inc.
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6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 10816 Crown Colony Dr., #202, Austin, TX 78747
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Website Design + Set Up
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 08/15/2012	Payee name XL Web Services, Inc.
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Amount (\$) \$94.18	Payee address; City; State; Zip Code 10816 Crown Colony Dr., #202, Austin, TX 78747
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Other	Description (If travel outside of Texas, complete Schedule T) Website Hosting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED