

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>7</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received 2014 OCT 13 PM 3 59 AUSTIN CITY CLERK RECEIVED	
	NICKNAME	LAST	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input 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			Date Hand-delivered or Postmarked Receipt # Amount	
	5 ORIGINAL PERIOD COVERED			Date Processed	
	Month Day Year THROUGH Month Day Year <u>5 / 08 / 2014</u> <u>6 / 30 / 2014</u>			Date Imaged	

6 EXPLANATION OF CORRECTION

① Adding missing ATX.2 information.

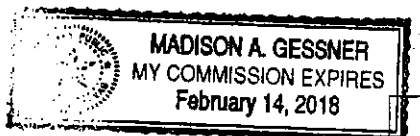
② Letter to City Ethics Commission

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 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rebecca Bray, this the 3 day of October, 2014, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Madison A. Gessner
Printed name of officer administering oath

notary
Title of officer administering oath

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

PERSONAL FUNDS - LOANS AND EXPENDITURES

This report is for a candidate or officeholder who loans personal funds to his or her campaign or makes expenditures from personal funds in support of his or her campaign. The amounts loaned or expended shall be reported as follows.

Beginning on the date an individual becomes a candidate in a City election and continuing until midnight on the tenth day before a City election, a candidate shall report the new loans or expenditures cumulating to \$25,000 or more within seven business days after the total reaches \$25,000. Additional loans or expenditures cumulating \$25,000 or more shall be reported within seven business days each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(1)]

If the loans or expenditures cumulating to \$25,000 or more occur during the period beginning on midnight on the 10th day before an election and ending at midnight on the day before the election, the report shall be filed with the City Clerk within twenty-four hours after the total reaches \$25,000. Additional loans or expenditures totaling \$25,000 or more shall be reported within twenty-four hours each time the total reaches \$25,000. [City Code, Section 2-2-27(A)(2)]

Name of candidate/officeholder:

Rebecca "Becky" Bray

Reporting Period:



First day of candidacy – Midnight on the 10th day prior to City election



Midnight on the 10th day before City election – Midnight on the day before election

Enter the following information concerning loans of personal funds to the campaign:

Amount of loan	Date of loan
\$ 30,000.00	6/30/2014

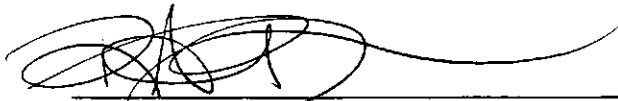
Enter the following information concerning the person or persons to whom expenditures were made from personal funds and the total amount, purpose and date of each expenditure:

Name	Street Address	Amount	Purpose	Date
	Attached			

SCHEDULE ATX. 2
Reference § 2-2-27, Austin City Code

STATE OF TEXAS
VERIFICATION

I swear that the preceding disclosure of loans and expenditures from personal funds of a candidate or officeholder filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to City Code, Section 2-2-27 for the reporting period indicated.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Signature of Candidate/Officeholder

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials 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 Total pages Schedule G: 2	2 FILER NAME Rebecca Bray	3 ACCOUNT # (Ethics Commission Filers)
4 Date 6.6.14	5 Payee name USPS Westlake	
6 Amount (\$) 49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 3201 Bee Caves Road Suite 120 Austin, TX 78746	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) printing expense	(b) Description (If travel outside of Texas, complete Schedule T) stamps
Date 6.6.14	Payee name OFFICE DEPOT #477	
Amount (\$) 50.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 5300 mopac Expy S #101 Austin, TX 78749	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) envelopes, printer ink
Date 6.5.14	Payee name Minute Man Press Austin	
Amount (\$) 73.61 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1221 W. 6th Street Austin, TX 78703	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) business cards
Date 5.22.14	Payee name Bill Carson Design	
Amount (\$) 500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 6500 champion Grandview 22312 Austin, TX 78750	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) consulting expense	Description (If travel outside of Texas, complete Schedule T) logo design

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
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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 Total pages Schedule G: 2		2 FILER NAME Rebecca Bray		3 ACCOUNT # (Ethics Commission Filer)	
4 Date 5.21.14		5 Payee name Campaign Partner			
6 Amount (\$) 29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: City, State, Zip Code 16 Dudley St. Fitchburg, MA 01420			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) advertising expense		(b) Description (If travel outside of Texas, complete Schedule T) website	
Date 6.2.14		Payee name CIS MYERS			
Amount (\$) 3,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: City, State, Zip Code 809 Canyon Creek Drive Austin, TX 78746			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) consulting expense		Description (If travel outside of Texas, complete Schedule T) myers consulting	
Date		Payee name			
Amount (\$)		Payee address: City, State, Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
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 (\$)		Payee address: City, State, Zip Code			
<input type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED