

FORM COR-PAC

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1	ACCOUNT # 00016265	2	PAGE # 1 of 4
3	COMMITTEE NAME Austin Apartment Association PAC	OFFICE USE ONLY	
4	TREASURER NAME FIRST MI LAST Arrona, Kristan (Ms.)	Date Received	
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 type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Other (specify) <u>September 5</u>	Date Hand-delivered or Date Postmarked	
6	ORIGINAL PERIOD COVERED Month Day Year Month Day Year 08/26/2014 THROUGH 09/26/2014	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	

7 EXPLANATION OF CORRECTION

I checked the wrong Monthly Report Filing Deadline. I checked September 5 instead of October 5.

FILED IN THE OFFICE OF CITY CLERK

ON 2nd DAY OF Oct 20 14

AT 11:45 A M

Thomas Granger for

CITY CLERK

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 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

Signature of Campaign Treasurer

Sworn to and subscribed before me by _____ this the ____ day of _____, 20____,
to certify which, witness my hand and seal of office.

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**

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00016265

2 PAGE #
2 of 4

3 COMMITTEE NAME

Austin Apartment Association PAC

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT/SUITE #; CITY; STATE ZIP CODE

4107 Medical Parkway
Suite 100
Austin, TX 78756

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Ms. Kristan

NICKNAME LAST SUFFIX
Arrona

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8620 Burnet Road
Suite 475
Austin, TX 78757

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 323-0990

9 REPORT TYPE

☒ Monthly
(Enter date below)

☐ 10th day after campaign
treasurer termination

☐ Dissolution
(attach PAC-DR)

10 MONTHLY REPORT FILING DEADLINE

☐ January 5
☐ February 5
☐ March 5

☐ April 5
☐ May 5
☐ June 5

☐ July 5
☐ August 5
☐ September 5

☒ October 5
☐ November 5
☐ December 5

11 PERIOD COVERED

Month Day Year

08/26/2014

THROUGH

Month Day Year

09/26/2014

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Austin Apartment Association PAC		ACCOUNT # 00016265	
13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported	
		B. Opposed	
	2. Measures (describe by date and location of election and nature of issue)	A. Supported	
		B. Opposed	
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	11.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	119,690.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

15 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.

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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: 1/1 Report: 4/4		2 FILER NAME Austin Apartment Association PAC		3 ACCOUNT # (TEC filers) 00016265	
4 Date 09/01/2014		5 Payee name Wells Fargo Bank			
6 Amount (\$) \$11.97 <input type="checkbox"/> Expenditure from corporate funds		7 Payee address City: State: Zip Code 1901 West William Cannon Austin, TX 78745			
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) <input type="checkbox"/> Bank Fee <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	