

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 000 00004		2 Total pages filed: 44 2		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Katrina	MI M	Date Received Date Hand-delivered or Positively Receipt # Amount Date Processed Date Imaged	
	NICKNAME	LAST Daniel	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	2014 OCT 13 PM 3 28 RECEIVED AUSTIN CITY CLERK	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input checked="" 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			
5 ORIGINAL PERIOD COVERED	Month Day Year 7 / 1 / 2014	THROUGH	Month Day Year 9 / 25 / 2014		

6 EXPLANATION OF CORRECTION

Jasyn Floyd, no employer or occupation, added

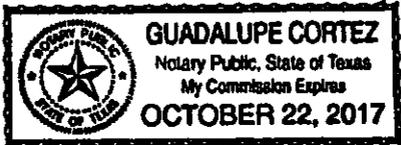
7 AFFIDAVIT

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina Daniel, this the 13th day of October

20 14, 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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/28 Report: 10/43	
2 FILER NAME Daniel, Katrina (Ms.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 09/03/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Driscoll, Evan 6 Contributor address; City; State; Zip Code 6807 Tulane Dr Austin, TX 78723	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Farm Direct Projects Manager		10 Employer (See Instructions) Sustainable Food Center	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Einhorn, Amy & Peter Contributor address; City; State; Zip Code 1205 Sahara Ave Austin, TX 78745	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Farmer, Mr & Mrs Gary Contributor address; City; State; Zip Code 309 Lake Cliff Trail Austin, TX 78746	Amount of contribution (\$) \$700.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Heritage Title Company	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Floyd, Jason Contributor address; City; State; Zip Code 2609 Wilson St Austin, TX 78704	Amount of contribution (\$) \$300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) self	
Date 07/03/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ford, Victoria Contributor address; City; State; Zip Code 1712 Morrow St Austin, TX 78757	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Govt Consultant		Employer (See Instructions) K & L Gates	