

FORM **COR-PAC****CORRECTION/AMENDMENT AFFIDAVIT
FOR POLITICAL COMMITTEE**

1 ACCOUNT #		2 Total pages filed: 1		OFFICE USE ONLY	
3 COMMITTEE NAME	The Committee for Even Minimally Sane and Rational Government			Date Received 2015 JAN 28 RECEIVED AUSTIN CITY CLERK PM 3 00	
4 TREASURER NAME	Michael R. Levy				
5 ORIGINAL REPORT TYPE	<input checked="" 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 type="checkbox"/> Other (specify _____)				
6 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2014 THROUGH 12 / 31 / 2014			Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	

7 EXPLANATION OF CORRECTION

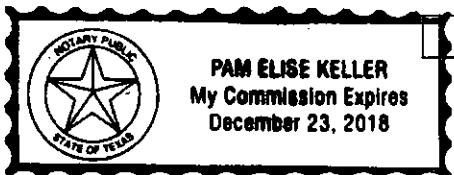
The box noting it was a January 15 report was not marked.

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 of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael R. Levy, this the 22 day of January,

20 15 to certify which witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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

FORM SPAC
COVER SHEET PG 1

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