

FORM COR-C/OH

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

107322

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed: <b>4</b>		<b>OFFICE USE ONLY</b>				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST	MI	Date Received			
		Mr. Michael R.						
		NICKNAME	LAST	SUFFIX				
		"Mike" Barre						
<b>4</b> ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Postmarked				
		<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit		Receipt #      Amount				
		<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal      Totals				
		<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed				
<b>5</b> ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		11	12	2009	THROUGH	12	31	2009
		Date Imaged						

**6** EXPLANATION OF CORRECTION

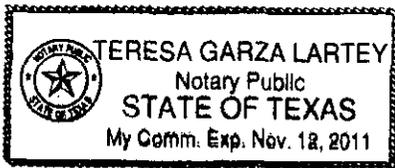
- On Schedule F, page 1, expense changed from "12.44" to "\$12.98" to match bank statement.
- Line 5 on Cover Sheet Page 2 changed from "\$1280.87" to "1267.87" to correct inadvertent omission of expenditure for \$12.93 and de minimis correction of 7 cents for PayPal verification.
- On Schedule E, page 2, loan amount changed from "\$2000.00" to "\$937.13" after the filer realized that the reportable amount of "outstanding loans" for the reporting period is limited to amounts spent before the end of the reporting period (i.e., \$1237.13 from Schedule F).
- Line 6 on Cover Sheet Page 2 changed from "\$2300.00" to "\$1237.13," in accordance with the correction described above for Schedule E.
- Line 4 on Cover Sheet Page 2 changed from "\$1794.56" to "\$1495.10," due to (a) correction 1 above and (b) accounting error where expense of \$106 was inadvertently entered as \$406 for computing total expenses.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

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 Candidate or Officeholder

*M Barre*

Sworn to and subscribed before me by MICHAEL BARRE this the 22 day of March

20 10 to certify which, witness my hand and seal of office.

*Teresa G. Larthey*  
Signature of officer administering oath

TERESA G. LARTHEY  
Printed name of officer administering oath

TM  
Title of officer administering oath

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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Mr. Michael R. "Mike" Barre

**16 ACCOUNT #** (Ethics Commission Filers)

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	N.A.
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS	

additional pages

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 205.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 1495.10

**CONTRIBUTION BALANCE**

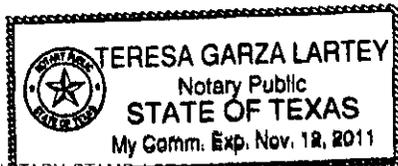
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1267.87

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1237.13

**19 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.



AFFIX NOTARY SEAL TO THIS FORM ABOVE

*M Barre*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said MICHAEL BARRE, this the 22 day of MARCH, 2010, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

TERESA G LARTEY  
Printed name of officer administering oath

TW  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: **1 of 3**

2 FILER NAME Mr. Michael R. "Mike" Barre

3 ACCOUNT # (Ethics Commission filers)

4 Date  
12/3/09

5 Payee name  
Office Depot  
.....  
6 Payee address; City; State; Zip Code  
  
5300 Mopac Expy. South #101, Austin, TX 78749

7 Amount (\$)  
  
\$12.98

8 Purpose of payment (See instructions regarding type of information required.)  
Office supplies.  
(If travel outside of Texas, complete Schedule T)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/4/09

Payee name  
Staples  
.....  
Payee address; City; State; Zip Code  
  
4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735

Amount (\$)  
  
\$12.39

Purpose of payment (See instructions regarding type of information required.)  
Office supplies.  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/6/09

Payee name  
Staples  
.....  
Payee address; City; State; Zip Code  
  
4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735

Amount (\$)  
  
\$9.92

Purpose of payment (See instructions regarding type of information required.)  
Office supplies.  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date  
12/8/09

Payee name  
Walmart  
.....  
Payee address; City; State; Zip Code  
  
5017 Us Hwy 290 West, Austin, TX 78735

Amount (\$)  
  
\$12.93

Purpose of payment (See instructions regarding type of information required.)  
Office supplies.  
(If travel outside of Texas, complete Schedule T)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <b>2 of 2</b>
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		\$ N.A.
5 Date of loan 12/11/09	7 Name of lender Michael R. Barre <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) \$937.13
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address;    City;    State;    Zip Code  6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735	10 Interest rate 0%
		11 Maturity date On demand
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor  17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial institution?  Y    N	Lender address;    City;    State;    Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.