

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

7323

1 ACCOUNT #		2 Total pages filed: 3		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Mr. Michael R. NICKNAME LAST SUFFIX "Mike" Barre		Date Received	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <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		Date Hand-delivered or Date Postmarked 10 MAR 22 P4:13	
5 ORIGINAL PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 01/01/2010    01/21/2010		Receipt #    Amount Legal    Totals Date Processed Date Imaged	

FILED FOR RECORD

DANA D. BLAUVOIR  
COUNTY CLERK  
TRAVIS COUNTY, TEXAS

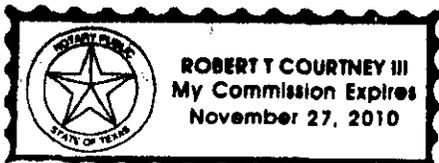
6 EXPLANATION OF CORRECTION

1. Line 4 on Cover Sheet Page 2 changed from "\$3503.09" to "\$3503.19," to correct accounting error where expense of \$32.10 was inadvertently entered as \$32.00 for computing total expenses.

2. Line 5 on Cover Sheet Page 2 changed from "\$1344.71" to "\$1331.08," in accordance with (a) correction for \$12.93 reported on recently filed correction affidavit for the period from 11/12/2009 through 12/31/2009 and (b) additional correction of 70 cents.

3. On Schedule E, page 2, the loan amount was changed from "\$700.00" to "\$1762.87" (which is less than than the political expenditures of \$1991.79 for the subject reporting period), to carry forward \$1062.87 which was removed from Schedule E by a recent correction for the reporting period 11/12/09 through 12/31/09.

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.

*Michael Barre*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Michael Barre this the 23 day of March

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

*[Signature]*    Robert Courtney    Notary  
 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

# 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)

additional pages

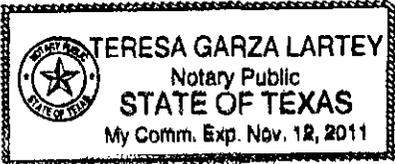
•• This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required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

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

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)	\$ 2890.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3503.19
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1331.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3000.00

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.



*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 GARZA LARTEY  
Printed name of officer administering oath

TN  
Title of officer administering oath

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME Mr. Michael R. "Mike" Barre		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇄   ⇄   ⇄   ⇄   ⇄   ⇄		\$ N.A.
<b>5</b> Date of loan 1/13/10	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael R. Barre	<b>9</b> Loan Amount (\$) \$1762.87
<b>6</b> Is lender a financial institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address;    City;    State;    Zip Code  6705 Hwy. 290 W., Ste. 502-188; Austin, TX 78735	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date On demand
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> 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
		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.