

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #	2 Total pages filed: 3	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Michael R.	FILED FOR RECORD 7324 TO MAR 27 4:13 DANA DEBE COUNTY CLERK TRAVIS COUNTY	
	NICKNAME LAST SUFFIX "Mike" Barre		
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	
5 ORIGINAL PERIOD COVERED	Month Day Year 01/22/2010	THROUGH	Month Day Year 02/20/2010
		Receipt #	Amount
		Date	Totals
		Date Processed	
		Date Imaged	

6 EXPLANATION OF CORRECTION

1. New Schedule G filed (1 page) to replace original Schedule G (2 pages), to remove 3 entries for cleaning expenses.
2. On Cover Sheet Page 2, line 4 changed from "\$2932.65" to "\$2896.81" in accordance with correction described above for Schedule G.
3. On Cover Sheet Page 2, line 5 changed from "\$1795.70" to "\$1782.77" in accordance with correction for \$12.93 reported on recently filed correction affidavit for the period from 11/12/2009 through 12/31/2009.

7 AFFIDAVIT

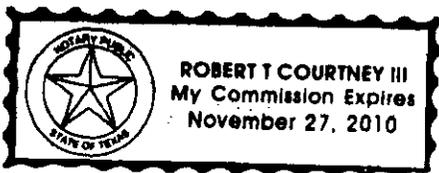
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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 2010 to certify which, witness my hand and seal of office.

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

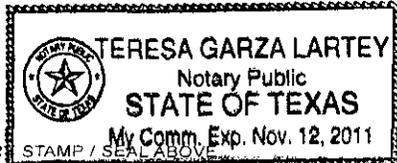
**** This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required 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)	\$ 1175.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2896.81
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1782.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3100.00

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 28 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
 TM Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Mr. Michael R. "Mike" Barre		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/2/10	5 Payee name Republican Club of Austin 6 Payee address; City; State; Zip Code 401 W. 15th Street, Suite 850, Austin, Texas 78701 7 Purpose of expenditure (See instructions regarding type of information required.) Candidate forum and luncheon. (If travel outside of Texas, complete Schedule T)	8 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/2/10	Payee name Joe's Crab Shack Payee address; City; State; Zip Code 600 East Riverside, Austin, TX 78704 Purpose of expenditure (See instructions regarding type of information required.) Austin Townhall Conservatives meeting and dinner. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$14.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/12/10	Payee name Bagpipes Pub Payee address; City; State; Zip Code 9070 Research Blvd, Ste. 101, Austin, TX 78758 Purpose of expenditure (See instructions regarding type of information required.) TCRLC judicial candidate forum and dinner. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$35.81 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/15/10	Payee name Oak Hill Printing Payee address; City; State; Zip Code 6112 W. Hwy. 290, Austin, TX 78735 Purpose of expenditure (See instructions regarding type of information required.) Printing and postage for campaign mailer. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$598.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/16/10	Payee name Staples Payee address; City; State; Zip Code 4301 W. William Cannon, Bldg B3, Ste. 500, Austin TX 78735 Purpose of expenditure (See instructions regarding type of information required.) Office supplies. (If travel outside of Texas, complete Schedule T)	Amount (\$) \$5.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED