

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

8100

1 ACCOUNT # <u>7663</u>	2 Total pages filed: <u>2</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u> FIRST <u>Michael</u> MI <u>D</u>	Date Received 2013 MAY 20 AM 10:28 Dana DeBeauvoir County Clerk Travis County Texas FILED FOR RECORD
	NICKNAME LAST SUFFIX <u>Cargill</u>	
4 ORIGINAL REPORT TYPE	<input checked="" 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 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 Postmarked
	5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>7 / 22 / 12</u> THROUGH <u>12 / 31 / 12</u>

6 EXPLANATION OF CORRECTION

Please see attached

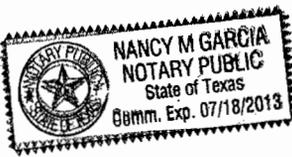
7 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Michael Cargill

Sworn to and subscribed before me, by the said Michael Cargill, this the 18 day of May 2013 to certify which, witness my hand and seal of office.

Nancy M. Garcia

Signature of officer administering oath

Nancy M. Garcia

Printed name of officer administering oath

Notary

Title of officer administering oath

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

6. Explanation of Correction:

On the C/OH report detailing Support & Totals:

Line 2 stated the total amount for political contributions as \$0.00. It has been corrected to state the total amount as \$37,287.00.

Line 5 stated the total amount of political contributions maintained as \$37,287.00. It has been corrected to state the total amount as \$157.21.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)
7663

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. Michael D
NICKNAME LAST SUFFIX

Cargill

OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

**P.O. Box 82303
Austin, TX 78708**

change of address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 788-6998

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Kory T
NICKNAME LAST SUFFIX

Zipperer

7 CAMPAIGN TREASURER ADDRESS (residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**321 W Ben White Blvd #203
Austin, TX 78704**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 788-6998

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 22 / 12 12 / 31 / 12

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff General Special
/ /

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

**Travis County
Constable Pct 2**

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

14 C/OH NAME Michael Cargill **15 ACCOUNT # (Ethics Commission Filers)** 7663

16 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.

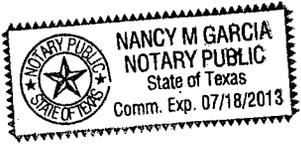
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>37,287.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,299.95</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>157.21</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

18 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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Cargill, this the 18 day of May, 20 13, to certify which, witness my hand and seal of office.

[Signature] Nancy M. Garcia Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <i>1/2</i>	
2 FILER NAME <i>Michael Cargile</i>		3 ACCOUNT # (Ethics Commission Filers) <i>7663</i>	
4 Date <i>7-25-2012</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texans for Acct Govt.</i>	7 Amount of contribution (\$) <i>\$ 17,311</i>	8 In-kind contribution description (if applicable) <i>Krag Strategies LLC Phone Banking</i>
6 Contributor address; City; State; Zip Code <i>1306 Baronets Trl Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>7-23-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texans for Acct Govt.</i>	Amount of contribution (\$) <i>\$ 3,500</i>	In-kind contribution description (if applicable) <i>Austex Printing Mailing</i>
Contributor address; City; State; Zip Code <i>1306 Baronets Trl Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7-22-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texans for Acct. Govt</i>	Amount of contribution (\$) <i>\$ 539.00</i>	In-kind contribution description (if applicable) <i>Austin Chronicle advertising</i>
Contributor address; City; State; Zip Code <i>1306 Baronets Trl Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7-22-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texans for Acct. Govt.</i>	Amount of contribution (\$) <i>\$ 595.00</i>	In-kind contribution description (if applicable) <i>Campaign Signs</i>
Contributor address; City; State; Zip Code <i>1306 Baronets Trl Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>7-26-2012</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Texans for Acct. Govt.</i>	Amount of contribution (\$) <i>\$ 1,250</i>	In-kind contribution description (if applicable) <i>Resist Attack Foundation Pepper Spray</i>
Contributor address; City; State; Zip Code <i>1306 Baronets Trl Austin, TX 78753</i>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 2/2

2 FILER NAME

Michael Cargill

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

7-30-2012

5 Full name of contributor out-of-state PAC (ID#: _____)

CTC H6C LLC

6 Contributor address; City; State; Zip Code

321 W Ben White Blvd #203

Austin, TX 78704

7 Amount of contribution (\$)

\$1,100

8 In-kind contribution description (if applicable)

Attorney fees

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

8-1-2012

Full name of contributor out-of-state PAC (ID#: _____)

Texans for Acct. Govt

Contributor address; City; State; Zip Code

1306 Barons Trl

Austin, TX 78753

Amount of contribution (\$)

\$12,992

In-kind contribution description (if applicable)

KAP Strategies LLC
Pro Cargill Ads

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Michael Carzill</i>	3 ACCOUNT # (Ethics Commission Filers) <i>7663</i>
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4 Date <i>7-31-12</i>	5 Payee name <i>Lupe Torfilla</i>
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6 Amount (\$) <i>\$1,299.95</i>	7 Payee address; City; State; Zip Code <i>10515 N Mopac Expy Austin, TX 78753</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Food Beverage</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Wated Party</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
-----------------------------------------------------	-------------------------------	---------------	-------------

Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--------------------------------------------------------------	---------------------------------------------------------------

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED