

FORM COR-C/OH

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

8101

1 ACCOUNT # <u>7663</u>	2 Total pages filed: <u>2</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME <u>Mr. Michael D Cargill</u> <small>MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX</small>		Date Received <u>2013 MAY 20 AM 10:28</u> Dana DeBeauvoir County Clerk Travis County, Texas FILED FOR RECORD
4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____		Date Hand-delivered or Postmarked Receipt # _____ Amount _____
5 ORIGINAL PERIOD COVERED Month Day Year THROUGH Month Day Year <u>7 / 1 / 12</u> THROUGH <u>7 / 21 / 12</u>		Date Processed _____ Date Imaged _____

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.

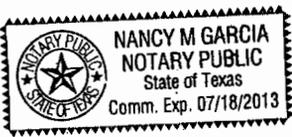
Check ONLY if applicable:

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.

[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, 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 \$1,770.38.

Line 4 stated the total amount for political expenditures as \$1,500.00. It has been corrected to state the total amount as \$1,713.20.

Line 5 stated the total amount of political contributions maintained as \$2,747.64. It has been corrected to state the total amount as \$1,457.16.

In schedule F, a political expenditure of \$213.20 to Tech Locally LLC was added.

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Michael MI: D. NICKNAME: LAST: SUFFIX:	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. Box 82303 Austin, TX 78708		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 788-6998		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Kory MI: 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	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 7 / 1 / 12 7 / 21 / 12		
11 ELECTION	ELECTION DATE Month Day Year 7 / 31 / 12	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

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

\$ *0*

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

\$ *1,770.38*

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *1713.20*

CONTRIBUTION BALANCE

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

\$ *1457.16*

OUTSTANDING LOAN TOTALS

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

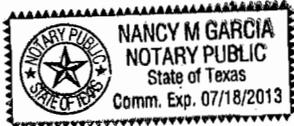
\$ *0*

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]

Signature of officer administering oath

Nancy M. Garcia

Printed name of officer administering oath

Notary

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: **3**

2 FILER NAME

Michael Caruth

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

7-8-2012

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

Rex Crowder

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
**17302 W First St
Lago Vista, TX 78645**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

7-8-2012

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

Ed Sanchez

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**7 Longwood Rd
Cedar Park, TX**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Ken Febbo

Amount of contribution (\$)

34.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**3110 Point Cove
Lago Vista, TX 78645**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Robert Love

Amount of contribution (\$)

10.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**5612 E. Martin Luther King
Austin, TX 78749**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7-8-2012

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

Tom Hegedus

Amount of contribution (\$)

14.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
**2 Meadows Way
Round Rock, TX 78664**

(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: 5	
2 FILER NAME Michael Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 7-8-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Parish Elliott 6 Contributor address: City: State: Zip Code 6508 Shady LN Lago Vista, TX 78645	7 Amount of contribution (\$) 7.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Koenig, Joseph A Contributor address: City: State: Zip Code 600 Dover Lane Lago Vista, TX 78645	Amount of contribution (\$) 7.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt Hilgert Contributor address: City: State: Zip Code 12343 Hunters Chase Dr. Austin, TX 78745	Amount of contribution (\$) 7.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-8-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bernard Chape Contributor address: City: State: Zip Code P.O. Box 81236 Austin, TX 78708	Amount of contribution (\$) 7.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-7-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Diane Walker Contributor address: City: State: Zip Code 20120 Lindeman Lane Leander, TX 78641	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
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: 3	
2 FILER NAME Michael Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 7-7-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eagle Peak Shooting Range	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 20026 Lindeman LN Leander, TX 78641		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 7-19-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Accountable Govt...	Amount of contribution (\$) 539.00	In-kind contribution description (if applicable) Advertising
Contributor address; City; State; Zip Code 1306 Barons TRL Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 7-20-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Texans for Accountable Govt.	Amount of contribution (\$) 595.38	In-kind contribution description (if applicable) Signs
Contributor address; City; State; Zip Code 1306 Barons TRL Austin, TX 78753		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(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 Michael Caruth	3 ACCOUNT # (Ethics Commission Filers) 7663
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4 Date 7-13-12	5 Payee name Signs on the Spot
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6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code 3303 Rosefinch Trail Austin, TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertisement	(b) Description (If travel outside of Texas, complete Schedule T) Signs
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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 7-5-12	Payee name Tech LOCALLY LLC
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Amount (\$) 213.20	Payee address; City; State; Zip Code 3016 Guadalupe Street Apartment 217 Austin, TX 78705
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Social Media
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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
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED