

FORM COR-C/OH

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

8102

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 Dana DeBeauvoir County Clerk Travis County Texas FILED FOR RECORD
	NICKNAME _____ LAST <u>Cargill</u> SUFFIX _____	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" 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>5 / 20 / 2012</u> THROUGH <u>6 / 30 / 12</u>

6 EXPLANATION OF CORRECTION

Please see attached

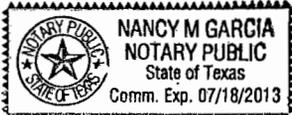
7 AFFIDAVIT

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.



Signature of Candidate or Officeholder

Michael Cargill

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.

[Signature]

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 \$15,595.40. It has been corrected to state the total amount as \$14,975.40.

Line 4 stated the total amount for political expenditures as \$1,157.03. It has been corrected to state the total amount as \$1,370.23.

Line 5 stated the total amount of political contributions maintained as \$2,477.26. It has been corrected to state the total amount as \$2,534.36.

Line 6 stated the total principal amount of all outstanding loans as \$0.00. It has been correct to state the total amount as \$620.00.

In schedule A, a contribution from Michael Cargill for \$620.00 was removed.

In schedule E, a loan from Michael Cargill for \$620.00 was added.

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME

Michael Cargile

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

6-2-12

5 Full name of contributor

Jonathan Sheh

Contributor address; City; State; Zip Code

**4035 Watertford Ln
Missouri City, TX 77459**

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-25-12

Full name of contributor

Travis Snavelly

Contributor address; City; State; Zip Code

**2006 A Kenneth Ave
Austin, TX 78741**

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-24-12

Full name of contributor

Craig Sandling

Contributor address; City; State; Zip Code

**P.O. Box 2537
Austin, TX 78768**

Amount of contribution (\$)

1,200.00

In-kind contribution description (if applicable)

Legal Services

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

5-27-12

Full name of contributor

Texans for Accountable Govt.

Contributor address; City; State; Zip Code

**1306 Baronets Trl
Austin, TX 78753**

Amount of contribution (\$)

505.00

In-kind contribution description (if applicable)

Advertisement

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-28-12

Full name of contributor

Bernard Chapa

Contributor address; City; State; Zip Code

**P.O. Box 81236
Austin, TX 78708**

Amount of contribution (\$)

1,600.00

In-kind contribution description (if applicable)

Contract Labor

(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: 4	
2 FILER NAME Michael Cargih		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 6-2-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeremiah Brown 6 Contributor address; City; State; Zip Code 1207 Drexel Ln Greenville, NC 27858	7 Amount of contribution (\$) 625.00	8 In-kind contribution description (if applicable) Contract Labor <small>(If travel outside of Texas, complete Schedule T)</small>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-31-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: George Johnson Contributor address; City; State; Zip Code 623 Buckskin Dr. Round Rock, TX 78681	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable) Contract Labor <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-2-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Whitney Fields Contributor address; City; State; Zip Code 3016 Guadalupe St Austin, TX 78705	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable) Marketing <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-10-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Geoffrey Fields Contributor address; City; State; Zip Code 3016 Guadalupe St Austin, TX 78705	Amount of contribution (\$) 650.00	In-kind contribution description (if applicable) Marketing <small>(If travel outside of Texas, complete Schedule T)</small>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-31-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ann Wofford Contributor address; City; State; Zip Code 3535 Hadley Place Snellville, GA 30039	Amount of contribution (\$) 450.00	In-kind contribution description (if applicable) Food <small>(If travel outside of Texas, complete Schedule T)</small>
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:

4

2 FILER NAME

Michael Cargill

3 ACCOUNT # (Ethics Commission Filers)

7663

4 Date

6-30-12

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

Robert Love

7 Amount of contribution (\$)

3,200.00

8 In-kind contribution description (if applicable)

Advertising

6 Contributor address; City; State; Zip Code

4800 Tannehill Ln
Austin TX 78721

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

6-30-12

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

CTCHGC

Amount of contribution (\$)

2,100.00

In-kind contribution description (if applicable)

Office Space

Contributor address; City; State; Zip Code

321 W Ben White Blvd
Austin, TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-15-12

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

Marc Hamlin

Amount of contribution (\$)

1,000.00

In-kind contribution description (if applicable)

Consulting Expense

Contributor address; City; State; Zip Code

1620 E Riverside
Austin, TX 78741

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-25-12

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

CTCHGC

Amount of contribution (\$)

1,025.00

In-kind contribution description (if applicable)

Pepper Spray

Contributor address; City; State; Zip Code

321 W Ben White
Austin TX 78704

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6-28-12

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

Synergy Illumination & Power

Amount of contribution (\$)

1,540.40

In-kind contribution description (if applicable)

Advertising

Contributor address; City; State; Zip Code

1007 S Congress
Austin TX 78704

(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: 4	
2 FILER NAME Michael Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663	
4 Date 5-21-12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dulal Talukdar	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6300 Mesa Dr. Austin, TX 78731		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5-31-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Polunsky	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code E Applegate Dr Austin, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6-2-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence Lehman	Amount of contribution (\$) 40.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 503 Canyon Wren Buda, TX 78610		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5-24-12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Ryan	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5308 Danbury Forest Springfield, VA 22151		(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.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Michael Cargill		3 ACCOUNT # (Ethics Commission Filers) 7663
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒		\$ 0.00
5 Date of loan 5-20-12	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Cargill	9 Loan Amount (\$) 620.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code P.O. Box 82303 Austin, TX 78708	10 Interest rate N/A
		11 Maturity date N/A
12 Principal occupation / Job title (See Instructions) N/A		13 Employer (See Instructions) N/A
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	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		Check if personal funds were deposited into political account <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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: <i>1</i>	2 FILER NAME <i>Michael Cargill</i>	3 ACCOUNT # (Ethics Commission Filers) <i>7663</i>
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4 Date <i>6-5-12</i>	5 Payee name <i>Tech LOCONIX LLC</i>
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6 Amount (\$) <i>213.20</i>	7 Payee address; City; State; Zip Code <i>3016 Guadalupe Street Apartment 217 AUSTIN, TX 78705</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>Social Media</i>
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9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME <i>Michael Cargill</i>		3 ACCOUNT # (Ethics Commission Filers) <i>7663</i>	
4 Date <i>6-28-12</i>		5 Payee name <i>Adjavan Marketing & Consulting</i>			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>255.00</i>		7 Payee address; City; State; Zip Code <i>916 Rochester Castle Way Pflugerville, TX 78660</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T) <i>Newspaper Ads</i>	
Date <i>5-28-12</i>		Payee name <i>Premiere Communications</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>724.53</i>		Payee address; City; State; Zip Code <i>4805 Woodview Ave Austin, TX 78756</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>		Description (If travel outside of Texas, complete Schedule T) <i>Phone Calls</i>	
Date <i>6-11-12</i>		Payee name <i>Nelda Wells Spears</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>27.50</i>		Payee address; City; State; Zip Code <i>5501 Airport Blvd Austin, TX 78751</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Voter Data</i>	
Date <i>6-15-12</i>		Payee name <i>Central Texas Juneteenth</i>			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <i>150.00</i>		Payee address; City; State; Zip Code <i>P.O. Box 6536 Austin, TX 78702</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Advertising</i>		Description (If travel outside of Texas, complete Schedule T) <i>Peruade Fee</i>	

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