

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # <u>000 00004</u>		2 Total pages filed: <u>44 2</u>	OFFICE USE ONLY Date Received Date Hand-delivered or Positively Receipt # _____ Amount _____ Date Processed Date Imaged 2014 OCT 13 PM 3 28 RECEIVED AUSTIN CITY CLERK	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Ms.</u> NICKNAME	FIRST <u>Katrina</u> LAST <u>Daniel</u>		MI <u>M</u> SUFFIX
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report
5 ORIGINAL PERIOD COVERED	Month Day Year <u>7 / 1 / 2014</u> THROUGH <u>9 / 25 / 2014</u>			
6 EXPLANATION OF CORRECTION				

Tasm Floyd, no employer or occupation, added

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.



Katrina Daniel
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina Daniel, this the 13th day of October, 2014, to certify which, witness my hand and seal of office.

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**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/28 Report: 10/43

2 FILER NAME Daniel, Katrina (Ms.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

09/03/2014

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

Driscoll, Evan

6 Contributor address; City; State; Zip Code

6807 Tulane Dr
Austin, TX 78723

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)
Farm Direct Projects Manager

10 Employer (See Instructions)
Sustainable Food Center

Date

09/23/2014

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

Einhorn, Amy & Peter

Contributor address; City; State; Zip Code

1205 Sahara Ave
Austin, TX 78745

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/18/2014

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

Farmer, Mr & Mrs Gary

Contributor address; City; State; Zip Code

309 Lake Cliff Trail
Austin, TX 78746

Amount of
contribution (\$)

\$700.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Heritage Title Company

Date

09/23/2014

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

Floyd, Jason

Contributor address; City; State; Zip Code

2609 Wilson St
Austin, TX 78704

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Investor

Employer (See Instructions)
self

Date

07/03/2014

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

Ford, Victoria

Contributor address; City; State; Zip Code

1712 Morrow St
Austin, TX 78757

Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Govt Consultant

Employer (See Instructions)
K & L Gates