

FORM COR-PAC

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 ACCOUNT # 00070085		2 Total pages filed: 1		OFFICE USE ONLY			
3 COMMITTEE NAME	Keep Austin Livable for Everyone (KALE)			Date Received	<b>AUSTIN CITY CLERK RECEIVED</b> JAN 28 PM 8 00		
4 TREASURER NAME	Ms. Pam E. Keller			Date Hand-delivered or Postmarked			
5 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify _____)			Receipt #		Amount	
6 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	10	27	2014	THROUGH	12	31	2014
Date Processed							
Date Imaged							

## 7 EXPLANATION OF CORRECTION

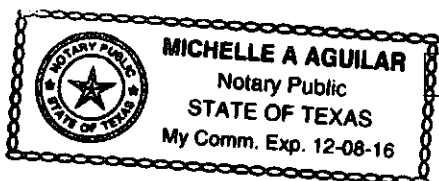
The box noting it was a January 15 report was not marked.

## 8 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.

*Pam E. Keller*  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pam E. Keller, this the 22 day of January,

20 15, to certify which, witness my hand and seal of office.

*Michelle A. Aguilar*  
Signature of officer administering oath

Michelle Aguilar

Printed name of officer administering oath

Notary Public

Title of officer administering oath

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

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)		2 Total pages filed: <b>2</b>	
3 COMMITTEE NAME <b>Keep Austin Livable for Everyone (KALE)</b>				OFFICE USE ONLY Date Received  Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> change of address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>Post Office Box 146, Austin, TX 78767</b>			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI <b>Ms. Pam Keller</b> NICKNAME LAST SUFFIX			
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>515 Congress, Suite 2375, Austin, TX 78701</b>			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> change of address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>Post Office Box 146, Austin, TX 78767</b>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <b>( 512 ) 450-5102</b>			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year    Month Day Year <b>10 / 27 / 2014</b> THROUGH <b>12 / 31 / 2014</b>			
11 ELECTION		ELECTION DATE Month Day Year    ELECTION TYPE <b>11 / 4 / 14</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			

**GO TO PAGE 2**