CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6	OFFICE USE ONLY

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST Greg	MI
NICKNAME	LAST Casar	SUFFIX

Date Received

2016 JAN 15 PM 3

AUSTIN CITY CLERK RECEIVED

4 ORIGINAL REPORT TYPE

- [ ] January 15
- [✓] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded $500 limit
- [ ] 15th day after treasurer appointment (officeholder only)
- [ ] Final report
- [ ] Other (specify)

Date Hand-delivered or Date Postmarked 1

Receipt #	Amount $

5 ORIGINAL PERIOD COVERED

Month 01 / Day 01 / Year 2015	THROUGH	Month 06 / Day 30 / Year 2015

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION

Corrected dates of period covered on cover page. Also, remaining campaign funds were transfered into the new bank officeholder acccount. When preparing this original report I inadvertently omitted the final campaign expenses on the old, closed, bank account, and only included expenses from the officeholder account. The ommission was not intentional, and those expenses are included on this corrected report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

[✓] **Semiannual reports:** 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: 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.

ROBERTO ACOSTA
Notary Public, State of Texas
Comm. Expires 04-21-2019
Notary ID 130198533
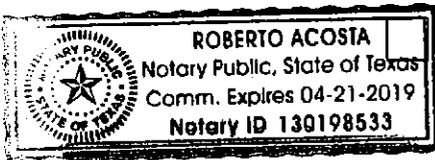
AFFIX NOTARY STAMP / SEAL ABOVE

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _GREGORIO CASAR_, this the _15TH_ day of _JANUARY_.

20 _16_, to certify which, witness my hand and seal of office.

R. Acosta	ROBERTO ACOSTA	NOTARY PUBLIC
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

1 Filer ID	2 Total pages filed:
	5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Greg	MI	**OFFICE USE ONLY**
	NICKNAME	LAST Casar	SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
☐ Change of Address	300 W. Skyview Rd. Austin, TX 78752

Date Hand-delivered or Date Postmarked

Receipt #	Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Teofilo	MI
	NICKNAME	LAST Tijerina	SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	1201 Tinnin Ford Austin, TX 78741

7 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 964-2843	EXTENSION

8 REPORT TYPE

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

9 PERIOD COVERED	Month Day Year 01/01/2015	THROUGH	Month Day Year 06/30/2015

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month Day Year	☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special

11 OFFICE	OFFICE HELD (if any) Austin City Council	12 OFFICE SOUGHT (if known)

GO TO PAGE 2

13 C / OH NAME	Casar, Greg	14 Filer ID

15 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.

☐ Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	**COMMITTEE ADDRESS**
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$	0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	0.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$	0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$	12,138.27
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$	3,345.46
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.00

17 AFFADAVIT

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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day

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

_____	_____	_____
Signature of officer administering	Printed name of officer administering	Title of officer administering oath

18 FILER NAME	**19** Filer ID
Casar, Greg	

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. ☐ SCHEDULE E: LOANS	$
5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 12,138.27
6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. ☐ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10. ☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12. ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

1 Total pages Schedule F1: Sch: 1/2 Rpt: 4/5	2 FILER NAME Casar, Greg	3 Filer ID

4 Date 01/12/2015	5 Payee name Casar, Greg

6 Amount ($) $5,215.04	7 Payee address; City; State; Zip Code 300 W. Skyview Rd. Austin, TX 78752

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Repayment of loan and reported Schedule G expenses

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 03/23/2015	Payee name Dave, Neesha

Amount ($) $1,000.00	Payee address; City; State; Zip Code 3609 Vineland Dr. Austin, TX 78722

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Salary supplement

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 01/05/2015	Payee name First Data

Amount ($) $1,342.01	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Atlanta, GA 30342

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☑ Check if Austin, TX, officeholder living expense merchant account processing fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE **F1**

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 2/2 Rpt: 5/5	Casar, Greg	

4 Date	5 Payee name
02/03/2015	First Data

6 Amount ($)	7 Payee address; City; State; Zip Code
$581.22	5565 Glenridge Connector NE Atlanta, GA 30342

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense merchant account processing fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/07/2015	Lawler, John

Amount ($)	Payee address; City; State; Zip Code
$4,000.00	1902 Robbins Place Austin, TX 78705

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Salary

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held