

CORRECTED FORM LA AND GOOD-FAITH AFFIDAVIT

1 ACCOUNT # 00014229	2 PAGE # 1 of 3	OFFICE USE ONLY					
3 REGISTRANT NAME Pewitt, Bill R. (Mr.)			Date Received				
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> Regular (Monthly) <input checked="" type="checkbox"/> Exceeded \$1000 Due Date: _____		HD / PM				
	<input type="checkbox"/> Modified (Annual) <input type="checkbox"/> Final Report		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> </table>	Receipt #	Amount	Legal	Totals
Receipt #	Amount						
Legal	Totals						
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2006 THROUGH 05/31/2006	Date Processed					
		Date Imaged					

6 EXPLANATION OF CORRECTION

Period covered was changed from 5-1-2006 thru 5-31-2006 to 1-1-2006 thru 5-31-2006 to reflect the correct period as a modified filer who has now exceeded the \$1000 threshold. When the June 10 report deadline was chosen the period covered was automatically entered by the software program. This was an inadvertent oversight. I respectfully ask your consideration in waiving any penalties. This report was timely filed on June 12 by Bill R. Pewitt

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report not later than the 14th business day after the date I learned that the original 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. I further affirm that I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest.)

Bill R. Pewitt

 Signature of Registrant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, 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 Form LA Needed To Report And Explain Corrections

LOBBY ACTIVITIES REPORT

FORM LA COVER SHEET

Use the FORM LA INSTRUCTION GUIDE for assistance in filling out this form.	1 NUMBER OF PAGES OF SCHEDULES FILED: B <u>1</u> C <u>0</u> D <u>0</u> E <u>0</u> F <u>0</u> G <u>0</u>	SCHEDULE A FILED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3 ACCOUNT # 00014229 <hr/> PAGE # 2 of 3
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2 REGISTRANT NAME	Pewitt, Bill R. (Mr.)	OFFICE USE ONLY
4 REPORT TYPE	<input checked="" type="checkbox"/> REGULAR (Monthly) <input checked="" type="checkbox"/> EXCEEDED \$1000 <input type="checkbox"/> MODIFIED (Annual) <input type="checkbox"/> FINAL (Attach Form TN)	Date Received
5 REPORT DEADLINE	<input type="checkbox"/> February 10 <input checked="" type="checkbox"/> June 10 <input type="checkbox"/> October 10 <input type="checkbox"/> March 10 <input type="checkbox"/> July 10 <input type="checkbox"/> November 10 <input type="checkbox"/> April 10 <input type="checkbox"/> August 10 <input type="checkbox"/> December 10 <input type="checkbox"/> May 10 <input type="checkbox"/> September 10 <input type="checkbox"/> January 10	HD / PM
6 PERIOD COVERED	BEGINNING ENDING Month Day Year Month Day Year 01/01/2006 THROUGH 05/31/2006	Receipt # Amount Legal Totals Date Processed Date Imaged

7 EXPENDITURE TOTALS BY TYPE	Transportation & Lodging <u>\$388.80</u> Food & Beverages <u>\$745.08</u> Entertainment <u>\$0.00</u>	Gifts (other than awards & mementos) <u>\$0.00</u> Awards & Mementos <u>\$0.00</u> Political Fundraisers/Charity Events <u>\$0.00</u> Mass Media Communications <u>\$0.00</u>
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8 EXPENDITURE TOTALS BY PERSONS BENEFITTED	State Senators <u>\$128.50</u> State Representatives <u>\$161.77</u> Other Elected/Appointed State Officers <u>\$0.00</u> Legislative Branch Employees <u>\$523.50</u>	Executive Agency Employees <u>\$18.17</u> Immediate Family of Legislative/ Executive Branch Member <u>\$0.00</u> Events to Which All Legislators Are Invited <u>\$764.36</u> Guests <u>\$301.94</u>
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9 INDIVIDUAL REPORTING FOR ENTITY	<input type="checkbox"/> YES NAME OF ENTITY _____ ADDRESS OF ENTITY _____ PHONE NO. OF ENTITY _____
<input type="checkbox"/> additional pages	<input checked="" type="checkbox"/> NO

10 SIGNATURE	To the best of my knowledge the accompanying document is true and correct and includes all information to be reported by me under Chapter 305, Government Code. I further affirm that, to the best of my knowledge, I have complied with Section 305.028, Government Code (Prohibited Conflicts of Interest.)
AFFIX NOTARY STAMP / SEAL ABOVE	Bill R. Pewitt _____ Signature of Registrant
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 oath	Print name of officer administering oath	Title of officer administering oath
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DETAILED EXPENDITURES TRANSPORTATION & LODGING

FORM LA SCHEDULE B

Use the **FORM LA INSTRUCTION GUIDE** for assistance in filling out this form.
Attach additional copies of this form as needed.

1 PAGE #
Schedule: 1/1 Report: 3/3

2 REGISTRANT NAME
Pewitt, Bill R. (Mr.)

3 ACCOUNT #
00014229

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX Alexander, Troy (Mr.)		
5 TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION Airfare		
	DEPARTURE CITY Austin	<u>TRAVEL DATES</u> DEPARTURE	Month Day Year 03/15/2006
	ARRIVAL CITY Midland-Odessa	ARRIVAL	Month Day Year 03/15/2006
6 LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT		
	ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u> CHECK-IN	Month Day Year
		CHECK-OUT	Month Day Year
7 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period:		
8 TRANSPORTATION/ LODGING PURPOSE	Meeting/Demonstration on client capabilities for Speaker's Staff		

4 RECIPIENT NAME	FIRST; MI; LAST; SUFFIX		
5 TRANSPORTATION INFORMATION	TYPE OF TRANSPORTATION		
	DEPARTURE CITY	<u>TRAVEL DATES</u> DEPARTURE	Month Day Year
	ARRIVAL CITY	ARRIVAL	Month Day Year
6 LODGING INFORMATION	NAME OF LODGING ESTABLISHMENT		
	ADDRESS; CITY; STATE; ZIP CODE	<u>LODGING DATES</u> CHECK-IN	Month Day Year
		CHECK-OUT	Month Day Year
7 PREVIOUS REPORTING PERIOD	<input type="checkbox"/> Credit card expenditure occurred during the previous reporting period:		
8 TRANSPORTATION/ LODGING PURPOSE			

GO TO SCHEDULE C