

CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1	ACCOUNT # 00016210	2	PAGE # 1 of 8
3	COMMITTEE NAME Texas Podiatric Medical PAC	OFFICE USE ONLY	
4	TREASURER NAME FIRST MI LAST Canada, Don (Mr.)	Date Received	
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) _____	Date Hand-delivered or Date Postmarked	
6	ORIGINAL PERIOD COVERED Month Day Year Month Day Year 07/01/2009 THROUGH 12/31/2009	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	
7	EXPLANATION OF CORRECTION Originally reported non-political contributions on schedule C instead of schedule J.		
8	AFFIDAVIT <p style="text-align: right;">I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p style="text-align: right;">Check ONLY if applicable:</p> <p style="text-align: right;"><input checked="" type="checkbox"/> 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.</p> <p style="text-align: right;">Don Canada _____ Signature of Campaign Treasurer</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.</p> <p>_____ Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>		

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

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00016210

2 PAGE #
2 of 8

3 COMMITTEE NAME

Texas Podiatric Medical PAC

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

918 Congress Ave. Ste. 200
Austin, TX 78701

Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. Don

NICKNAME LAST SUFFIX
Canada

Receipt # Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

918 Congress Ave. Ste. 200
Austin, TX 78701

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE

918 Congress Ave. Ste. 200
Austin, TX 78701

Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 494-1123

9 REPORT TYPE

January 15 30th day before election Dissolution (attach PAC-DR)
 July 15 8th day before election 10th day after campaign treasurer termination
 Runoff

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

07/01/2009

12/31/2009

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

Primary Runoff General Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Texas Podiatric Medical PAC **ACCOUNT #**
00016210

13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,650.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 40.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 40.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 39,345.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 AFFIDAVIT

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.

Don Canada

Signature of Campaign Treasurer

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 oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 3/3 Report: 6/8

2 FILER NAME Texas Podiatric Medical PAC

3 ACCOUNT # (Ethics Commission filers)
00016210

4 Date
12/09/2009

5 Full name of contributor out-of-state PAC (ID# _____)
Ogden, James (Dr.)

6 Contributor address; City; State; Zip Code
San Antonio, TX 78216

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Podiatrist

10 Employer (See Instructions)
Self

Date
11/20/2009

Full name of contributor out-of-state PAC (ID# _____)
Scudday, Bruce (Dr.)

Contributor address; City; State; Zip Code
El Paso, TX 79902

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Podiatrist

Employer (See Instructions)
Self

Date
11/24/2009

Full name of contributor out-of-state PAC (ID# _____)
Smedley, Jon (Dr.)

Contributor address; City; State; Zip Code
Cedar Park, TX 78613

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Podiatrist

Employer (See Instructions)
Self

Date
12/09/2009

Full name of contributor out-of-state PAC (ID# _____)
Yamaguchi, Karen (Dr.)

Contributor address; City; State; Zip Code
Laredo, TX 78041

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Podiatrist

Employer (See Instructions)
Self

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I (FOR FORMS GPAC AND MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 7/8
2 FILER NAME Texas Podiatric Medical PAC		3 ACCOUNT # (Ethics Commission filers) 00016210
4 Date	5 Payee name David Dewhurst Committee	8 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds
11/18/2009	6 Payee address; City; State; Zip Code P. O. Box 756 Austin, TX 78767	
	7 Purpose of expenditure (See instructions regarding type of information required.) Contribution	
Date	Payee name Jane Nelson Campaign	Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds
08/20/2009	Payee address; City; State; Zip Code 900 Parker Sq #200 Flower Mound, TX 75028	
	Purpose of expenditure (See instructions regarding type of information required.) Contribution	
Date	Payee name Ken Green & Co. CPA's	Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds
08/24/2009	Payee address; City; State; Zip Code 6620 Colleyville Blvd. Ste. 100 Colleyville, TX 76034	
	Purpose of expenditure (See instructions regarding type of information required.) Prepare Corp. Tax Return	
Date	Payee name Ken Paxton Campaign	Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds
11/25/2009	Payee address; City; State; Zip Code 307 Scarlet Dr. McKinney, TX 75070	
	Purpose of expenditure (See instructions regarding type of information required.) Contribution	

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 8/8
2 FILER NAME Texas Podiatric Medical PAC		3 ACCOUNT # (Ethics Commission filers) 00016210
4 Date Returned 08/10/2009	5 Original payee name Aaron Pena Campaign 6 Original payee address; City; State; Zip Code 404 S. McColl Edinburg, TX 78539	7 Amount Returned (\$) \$500.00
Date Returned 08/10/2009	Original payee name Allan Ritter Campaign Original payee address; City; State; Zip Code 1701 Calder Ave. Beaumont, TX 77701	Amount Returned (\$) \$500.00
Date Returned 08/10/2009	Original payee name Brandon Creighton Campaign Original payee address; City; State; Zip Code 7 Woods Estates Dr. Conroe, TX 77304	Amount Returned (\$) \$500.00
Date Returned 08/10/2009	Original payee name David Swinford Campaign Original payee address; City; State; Zip Code 724 South Polk #760 Amarillo, TX 79101	Amount Returned (\$) \$500.00
Date Returned 08/10/2009	Original payee name Eddio Lucio Jr. Campaign Original payee address; City; State; Zip Code 33 N. Park Plaza Brownsville, TX 78521	Amount Returned (\$) \$1,000.00
Date Returned 08/10/2009	Original payee name Stephen Frost Campaign Original payee address; City; State; Zip Code 213 Quachita St. Atlanta, TX 75551	Amount Returned (\$) \$500.00