CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 ACCOUNT # 000	016210	2 PAGE	# 1 0	of 8	
3 COMMITTEE NAME	Texas Podiatric Medical PA	AC		OFFICE	USE ONLY
4 TREASURER NAME	FIRST Canada, Don (Mr.)	11	LAST	Date Received	
5 ORIGINAL	January 15	Runoff			
REPORT TYPE	July 15	10th day after can treasurer terminat	npaign iion	Date Hand-delivered or	Date Postmarked
	30th day before election	Dissolution Repor	t		
	8th day before election	Other (specify)		Receipt #	Amount
6 ORIGINAL PERIOD	Month Day Year	Month	Day Year	Legal	Totals
COVERED	07/01/2009	THROUGH	12/31/2009	Date Processed	
				Date Imaged	
8 AFFIDAVIT		I swear,	or affirm, under per	nalty of perjury, that	this corrected
		report is Check O I swear, o 14th busir filed is ina	true and correct. NLY if applicable: r affirm, that I am filin ness day after the dat accurate or incomplete	ig this corrected report te I learned that the rep e. I swear, or affirm, the ally filed was made in	not later than the port as originally nat any error or
		Don Can			
AFFIX NOTARY STAMP / S	_		· ·	of Campaign Treasurer	60
Sworn to and subscribed to certify which, witness in	before me by my hand and seal of office.		this the	day of	, 20 ,
Signature of officer administering oa	th Printed name	e of officer administering oath	Tit	tle of officer administering oath	1
Remen	nber To Attach Any P Needed To Re	Part Of The Car			m

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Gu	JIDE explains how to complete this fo	orm.	1 ACCOUNT # (Ethics Commission	filers)	2 PAGE#	
			00016210		2 of 8	
3 COMMITTEE NAME					OFFIC	CE USE ONLY
Texas Podiatric Mo	edical PAC				Date Received	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CIT	TY; STATE;	ZIP CODE		
7.557.265	918 Congress Ave. Ste. 200 Austin, TX 78701					
Change of Address					Date Hand-deli	vered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST			MI	1	
TREASURER NAME	Mr. Don				Receipt #	Amount
10.00	NICKNAME LAST			SUFFIX	Date Processe	
	Canada				Date Imaged	
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE	E#; CITY;	STATE;	ZIP CODE	
TREASURER'S			,	,		
STREET ADDRESS (Residence or business)	Austin, TX 78701					
7 CAMPAIGN TREASURER'S	STREET OR PO BOX;	APT/SI	JITE#; CITY	r; STA	TE;	ZIP CODE
MAILING ADDRESS	;					
	918 Congress Ave. Ste. 200 Austin, TX 78701					
Change of Address						
8 CAMPAIGN	AREA CODE PHONE NUMBER		EXTENSION			
TREASURER PHONE	(512) 494-1123					
9 REPORT TYPE						
9 REFORT THE		before election efore election			Dissolution	n (attach PAC-DR)
	July 15 Runoff	eiore electioi	1			after campaign termination
10 PERIOD	Month Day Year		Month	Day	Year	
COVERED	07/01/2009	THROU	GH	12/31/2	2009	
44 51 5071011		FOTION TYPE	_	,		
11 ELECTION	Month Day Year	LECTION TYP	_			
		Primary	Runoff	Ш	General	Special
		GO TO	PAGE 2			
İ						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

P.O.Box 12070

FORM GPAC COVER SHEET PG 2

12	COMMITTEE Texa	as Podiatric Medical	PAC	ACCOUNT # 00016210	
13	COMMITTEE ACTIVITY	1. Candidates	A. Supported		
	(Attach lists on	(identify by name or, if applicable, classify by party)	B. Opposed		
	plain paper to complete this report if	2. Measures	A. Supported		
	necessary.)	(describe by date and location of election and nature of issue)	B. Opposed		
		3. Officeholders Assisted			
		(identify by name or, if applicable, classify by party)			
14	CONTRIBUTION TOTALS	PLEDGES, LO. (OR \$100 OR L	CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED LESS IF QUALIFIED FOR HIGHER THRESHOLD) ere if this report qualifies for the higher itemization threshold.	\$	0.00
			TICAL CONTRIBUTIONS		
		(OTHER THAN	PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,6	50.00
	EXPENDITURE TOTALS	3. TOTAL POLITI	CAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	40.00
		4. TOTAL POLI	TICAL EXPENDITURES	\$	40.00
	CONTRIBUTION BALANCE		CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 39,3	45.97
	OUTSTANDING LOAN TOTALS		IPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$	0.00
15	AFFIDAVIT	<u> </u>			
			I swear, or affirm, under penalty of perjuing report is true and correct and includes all reported by me under Title 15, Election Communications of the swear periods and the swear periods are swear and the swear periods and the swear periods are swear periods.	information required to b	-
			Don Canada		
			Signature of Campaigr	Treasurer	
AFI	FIX NOTARY STAMP / SEA	AL ABOVE			
Sw	orn to and subscribed	d before me, by the sa	id	, this the	day
of _	,20	, to certify w	hich, witness my hand and seal of office.		
s	Signature of officer admir	nistering oath	Printed name of officer administering oath Title of of	ficer administering oath	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1-800-325-8506

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3	3 Report: 4/8
2 FILER NAME	Texas Podiatric Medical PAC		3 ACCOUNT# 00016210	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Brook, Joel (Dr.))	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
09/23/2009	6 Contributor address; City; State; Zip Code Dallas, TX 75248		\$1,000.00	
	Dallas, TA 73240			l —
O Dringing Lagger	otion / lab title (Coe Instructions)	40 Employer (Coolin	-	Texas, complete Schedule T)
9 Principal occup Podiatrist	pation / Job title (See Instructions)	10 Employer (See In Self	structions)	
Date	Full name of contributor U out-of-state PAC (ID# Caldwell, Maureen (Dr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
09/23/2009	Contributor address; City; State; Zip Code		\$1,000.00	
	Victoria, TX 77901		(If travel outside of	Texas, complete Schedule T)
Principal occup Podiatrist	pation / Job title (See Instructions)	Employer (See In Self	l -	Texas, complete scriedule 1)
			I	
Date	Full name of contributor ut-of-state PAC (ID# Campbell, Leslie (Dr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
07/13/2009	Contributor address; City; State; Zip Code		\$1,000.00	I I
	Plano, TX 75075		(If travel outside of	Texas, complete Schedule T)
Principal occup Podiatrist	ation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
12/16/2009	Contributor address; City; State; Zip Code		\$500.00	
	Lewisville, TX 75056			_
			<u> </u>	Texas, complete Schedule T)
Principal occup Podiatrist	eation / Job title (See Instructions)	Employer (See In Self	structions)	
Date	Full name of contributor uut-of-state PAC (ID# Hartley, S. F. Charley (Dr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/18/2009	Contributor address; City; State; Zip Code		\$250.00	
	Deer Park, TX 77536			_
			<u> </u>	Texas, complete Schedule T)
Principal occup Podiatrist	eation / Job title (See Instructions)	Employer (See In Self	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/3	3 Report: 5/8
2	FILER NAME	Texas Podiatric Medical PAC		3 ACCOUNT# 00016210	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Harvey, Peter (Dr.)	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	12/28/2009	6 Contributor address; City; State; Zip Code		\$250.00	
		Wichita Falls, TX 76301			I
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Pod	ation / Job title (See Instructions)	10 Employer (See In: Self	structions)	
	Date	Full name of contributor ut-of-state PAC (ID# Lam, Ben (Dr.)	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/14/2009	Contributor address; City; State; Zip Code		\$250.00	
		Wichita Falls, TX 76301			I
				·	Texas, complete Schedule T)
	Principal occup Podiatrist	eation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/01/2009	Contributor address; City; State; Zip Code		\$1,000.00	I I
		Irving, TX 75061		(If travel outside of	Texas, complete Schedule T)
	Principal occup Podiatrist	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Miller, S. Rick (Dr.)	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/24/2009	Contributor address; City; State; Zip Code		\$250.00	
		Carrollton, TX 75006			l
				,	Texas, complete Schedule T)
	Principal occup Podiatrist	ation / Job title (See Instructions)	Employer (See In: Self	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2009	Contributor address; City; State; Zip Code		\$300.00	
		Austin, TX 78757			l
				*	Texas, complete Schedule T)
	Principal occup Podiatrist	ation / Job title (See Instructions)	Employer (See In: Self	structions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O.Box 12070

SCHEDULE A

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3	3 Report: 6/8
2	FILER NAME	Texas Podiatric Medical PAC		3 ACCOUNT# 00016210	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Ogden, James (Dr.))	7 Amount of contribution (\$)	8
	12/09/2009	6 Contributor address; City; State; Zip Code		\$250.00	
		San Antonio, TX 78216			I
				,	Texas, complete Schedule T)
9	Principal occup Podiatrist	ation / Job title (See Instructions)	10 Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/20/2009	Contributor address; City; State; Zip Code		\$250.00	I I
		El Paso, TX 79902			I
				-	Texas, complete Schedule T)
	Principal occup Podiatrist	ation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/24/2009	Contributor address; City; State; Zip Code		\$100.00	! !
		Cedar Park, TX 78613		(If travel outside of	Texas, complete Schedule T)
	Principal occup Podiatrist	eation / Job title (See Instructions)	Employer (See In Self	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/09/2009	Contributor address; City; State; Zip Code		\$250.00	
		Laredo, TX 78041			
	Principal occur	ation / Job title (See Instructions)	Employer (See In	,	Texas, complete Schedule T)
	Podiatrist	ation / Job title (See Instructions)	Self	structions)	
L					

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE | (FOR FORMS GPAC AND MPAC)

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

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

Texas Ethics Commission

SCHEDULE J

The Instruction	N GUIDE explains how to complete this form.	1 PAGE # Schedule: 1/1 Report: 8/8
FILER NAME	Texas Podiatric Medical PAC	3 ACCOUNT # (Ethics Commission filers) 00016210
Date Returned 08/10/2009	 Original payee name Aaron Pena Campaign Original payee address; City; State; Zip Code 404 S. McColl Edinburg, TX 78539 	7 Amount Returned (\$) \$500.0
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 (\$)\$500.0
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 (\$)\$500.0
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 (\$)\$500.0
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 (\$)
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 (\$)\$500.0

Austin, Texas 78711-2070