

# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

**FORM COR-PAC**

<b>1</b>	ACCOUNT # 00016341	<b>2</b>	PAGE # 1 of 9
<b>3</b>	COMMITTEE NAME Texas Cable Association Inc. PAC	<b>OFFICE USE ONLY</b>	
<b>4</b>	TREASURER NAME FIRST MI LAST Laine, Dale E.	Date Received	
<b>5</b>	ORIGINAL REPORT TYPE <input 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 checked="" type="checkbox"/> Other (specify) <u>November 5</u>	Date Hand-delivered or Date Postmarked	
<b>6</b>	ORIGINAL PERIOD COVERED Month Day Year      Month Day Year 09/26/2009      THROUGH      10/25/2009	Receipt #	Amount
		Legal	Totals
		Date Processed	
		Date Imaged	

**7 EXPLANATION OF CORRECTION**  
 Wanted to clarify that a note was added to Cover Sheet page 2 box 13 during the first correction.\n

**8 AFFIDAVIT**

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

Check ONLY if applicable:

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.

Dale E. Laine Jr. \_\_\_\_\_  
 Signature of Campaign Treasurer

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 The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

# MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM MPAC COVER SHEET PG 1

The MPAC INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00016341

**2 PAGE #**  
2 of 9

**3 COMMITTEE NAME**

Texas Cable Association Inc. PAC

**OFFICE USE ONLY**

Date Received

**4 COMMITTEE ADDRESS**

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

919 Congress Avenue  
Suite 1350  
Austin, TX 78701

Change of Address

Date Hand-delivered or Date Postmarked

**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR

FIRST  
Dale E.

MI

Receipt #

Amount

NICKNAME

LAST  
Laine

SUFFIX

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  
919 Congress Avenue  
Suite 1350  
Austin, TX 78701

**7 CAMPAIGN TREASURER'S MAILING ADDRESS**

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
919 Congress Avenue  
Suite 1350  
Austin, TX 78701

Change of Address

**8 CAMPAIGN TREASURER PHONE**

AREA CODE PHONE NUMBER EXTENSION  
(512) 474-2082

**9 REPORT TYPE**

Monthly  
(Enter date below)

10th day after campaign  
treasurer termination

Dissolution  
(attach PAC-DR)

**10 MONTHLY REPORT FILING DEADLINE**

January 5  
 February 5  
 March 5

April 5  
 May 5  
 June 5

July 5  
 August 5  
 September 5

October 5  
 November 5  
 December 5

**11 PERIOD COVERED**

Month Day Year

09/26/2009

THROUGH

Month Day Year

10/25/2009

**GO TO PAGE 2**

# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

<b>12</b>	COMMITTEE NAME Texas Cable Association Inc. PAC	ACCOUNT # 00016341
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<b>13</b> 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 See Schedule F	
		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)		

<b>14</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input checked="" type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	200.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	170.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,410.72
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.

Dale E. Laine Jr.  
 \_\_\_\_\_  
 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.		<b>1</b> PAGE # Schedule: 1/3 Report: 4/9	
<b>2</b> FILER NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341	
<b>4</b> Date 09/28/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burdett, Jeff (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code Sunset Valley, TX 78745	<b>7</b> Amount of contribution (\$) \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Dir of Govt Relations		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 10/09/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burdett, Jeff (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code Sunset Valley, TX 78745	<b>7</b> Amount of contribution (\$) \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Dir of Govt Relations		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 10/20/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burdett, Jeff (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code Sunset Valley, TX 78745	<b>7</b> Amount of contribution (\$) \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Dir of Govt Relations		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 09/28/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeLoma, Christine ..... <b>6</b> Contributor address; City; State; Zip Code Austin, TX 78730	<b>7</b> Amount of contribution (\$) \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Director of Communications		<b>10</b> Employer (See Instructions)	
<b>4</b> Date 10/09/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeLoma, Christine ..... <b>6</b> Contributor address; City; State; Zip Code Austin, TX 78730	<b>7</b> Amount of contribution (\$) \$5.00	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Director of Communications		<b>10</b> Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 2/3 Report: 5/9	
<b>2</b> FILER NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341	
<b>4</b> Date  10/20/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DeLoma, Christine  <b>6</b> Contributor address; City; State; Zip Code Austin, TX 78730	<b>7</b> Amount of contribution (\$)  \$5.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Association Employee/Director of Communications		<b>10</b> Employer (See Instructions)	
Date  09/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Celinda  Contributor address; City; State; Zip Code Austin, TX 78748	Amount of contribution (\$)  \$5.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Government Relations Manager		Employer (See Instructions)	
Date  10/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Celinda  Contributor address; City; State; Zip Code Austin, TX 78748	Amount of contribution (\$)  \$5.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Government Relations Manager		Employer (See Instructions)	
Date  10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzalez, Celinda  Contributor address; City; State; Zip Code Austin, TX 78748	Amount of contribution (\$)  \$5.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Government Relations Manager		Employer (See Instructions)	
Date  09/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laine, Dale  Contributor address; City; State; Zip Code Austin, TX 78735	Amount of contribution (\$)  \$25.00  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant/Association Executive		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 3/3 Report: 6/9	
<b>2</b> FILER NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341	
<b>4</b> Date  10/09/2009	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laine, Dale  ..... <b>6</b> Contributor address; City; State; Zip Code Austin, TX 78735	<b>7</b> Amount of contribution (\$)  \$25.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>8</b> In-kind contribution description (if applicable)
<b>9</b> Principal occupation / Job title (See Instructions) Consultant/Association Executive		<b>10</b> Employer (See Instructions)	
Date  10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laine, Dale  ..... Contributor address; City; State; Zip Code Austin, TX 78735	Amount of contribution (\$)  \$25.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant/Association Executive		Employer (See Instructions)	
Date  09/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naishtat, Diane  ..... Contributor address; City; State; Zip Code Austin, TX 78757	Amount of contribution (\$)  \$10.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Mgr of Member Services		Employer (See Instructions)	
Date  10/09/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naishtat, Diane  ..... Contributor address; City; State; Zip Code Austin, TX 78757	Amount of contribution (\$)  \$10.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Mgr of Member Services		Employer (See Instructions)	
Date  10/20/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Naishtat, Diane  ..... Contributor address; City; State; Zip Code Austin, TX 78757	Amount of contribution (\$)  \$10.00   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Association Employee/Mgr of Member Services		Employer (See Instructions)	

**CORPORATION OR LABOR ORGANIZATION  
CONTRIBUTIONS FOR ADMINISTRATION/SOLICITATION****SCHEDULE C-2**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/1 Report: 7/9
<b>2</b> COMMITTEE NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341
<b>4</b> Date 10/25/2009	<b>5</b> Corporate / Labor Organization name Texas Cable Association Inc.	<b>6</b> Amount (\$) \$50.00

# POLITICAL EXPENDITURES

## SCHEDULE F (FOR FORMS GPAC AND MPAC)

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> PAGE # Schedule: 1/1 Report: 8/9
<b>2</b> FILER NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341
<b>4</b> Date  10/15/2009	<b>5</b> Payee name Target Stores  <b>6</b> Payee address; City; State; Zip Code ..... 1101 C-Bar Ranch Trail Lot #2 Cedar Park, TX 78613	<b>7</b> Amount (\$)  \$170.14  <input type="checkbox"/> Expenditure from corporate funds
<b>8</b> Purpose of payment (See instructions regarding type of information required.) In-kind contribution of beverages to support Dan Gattis Campaign Repub Cand for St Sen Dist 5  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I (FOR FORMS GPAC AND MPAC)

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/1 Report: 9/9
<b>2</b> FILER NAME Texas Cable Association Inc. PAC		<b>3</b> ACCOUNT # (Ethics Commission filers) 00016341
<b>4</b> Date  09/30/2009	<b>5</b> Payee name Chase Bank ..... <b>6</b> Payee address; City; State; Zip Code 221 West Sixth Street Austin, TX 78701	<b>8</b> Amount (\$)  \$14.00
<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Bank Charge		<input type="checkbox"/> Expenditure from corporate funds