CORRECTION AFFIDAVIT
FOR SPEAKER'S REUNION DAY REPORT

1 ACCOUNT #
Speaker Reunion Day
2 Total pages filed:

3 CHAIRMAN'S NAME
Speaker Pro Tempore Craig Eiland

4 ORIGINAL REPORT TYPE
☑ FINAL REPORT
☐ SUPPLEMENTAL REPORT

5 DATE OF CEREMONY
4 / 50 / 2009

6 EXPLANATION OF CORRECTION
Accepted In-kind Contributions from UT separately they were not over $500, so we thought we could accept them, but realized the total being $1,146.72 we need to reimburse the money. (On Final Page of Contributions $1,406.72 $ 470, $70
(Also copy attached)

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

☑ 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.

Signature of Chairman

Sworn to and subscribed before me by Laurie Loisselle this the 14th day of September 2010 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 SPK-RD Needed To Report And Explain Corrections
**SPEAKER’S REUNION DAY REPORT**

See the back of this Cover Sheet for information about the law regarding the Speaker’s Reunion Day Report.

1. TOTAL PAGES OF SCHEDULE A FILED: __________
   TOTAL PAGES OF SCHEDULE B FILED: __________

2. CHAIRMAN’S NAME
   **Title**
   Speaker Pro Tempore
   **First**
   Craig
   **Middle**
   Eiland

3. CHAIRMAN’S MAILING ADDRESS
   STREET OR PO BOX: 2910
   APT / SUITE #: Gw.5
   CITY: Austin
   STATE: TX
   ZIP CODE: 78708

4. CHAIRMAN’S TELEPHONE NUMBER
   AREA CODE: 512
   TELEPHONE NUMBER: 463-0502
   EXTENSION: __________

5. REPORT TYPE
   ☐ FINAL REPORT
   ☑ SUPPLEMENTAL REPORT
   IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPORT?
   ☐ YES
   ☑ NO

6. DATE OF CEREMONY
   MONTH: 4
   DAY: 30
   YEAR: 2009

7. CONTRIBUTION TOTALS
   A. TOTAL CONTRIBUTIONS FROM SCHEDULE A
   B. TOTAL CONTRIBUTIONS OF $50 OR LESS
   C. TOTAL OF ALL CONTRIBUTIONS (ADD LINES 7A & 7B)

8. EXPENDITURE TOTALS
   A. TOTAL EXPENDITURES FROM SCHEDULE F
   B. TOTAL EXPENDITURES OF $50 OR LESS
   C. TOTAL OF ALL EXPENDITURES (ADD LINES 8A & 8B)

Signature of chairman:

Revised 06/25/2009
<table>
<thead>
<tr>
<th>Date</th>
<th>Full name of contributor</th>
<th>Amount of contribution ($)</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/12/09</td>
<td>Craig Eiland</td>
<td>$500.00</td>
<td>cash contribution</td>
</tr>
<tr>
<td>5/18/09</td>
<td>Time Warner Cable</td>
<td>$500.00</td>
<td>cash contribution</td>
</tr>
<tr>
<td>4/30/09</td>
<td>UT Event. MOVING SERVICES</td>
<td>$406.72</td>
<td>in-kind contribution</td>
</tr>
<tr>
<td>4/30/09</td>
<td>UT Custodial Services</td>
<td>$470</td>
<td>in-kind contribution</td>
</tr>
<tr>
<td>4/30/09</td>
<td>UT SIGN Shop</td>
<td>$270</td>
<td>in-kind contribution</td>
</tr>
</tbody>
</table>

(Revised 04/12/1999)
**EXPENDITURES**

(Complete Schedule F for expenditures of more than $50.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>City; State; Zip Code</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/19/2010</td>
<td>UT Facilities - Event &amp; Moving</td>
<td>1301 E. Dean Keaton St., Austin, TX 78722</td>
<td>$406.72</td>
</tr>
<tr>
<td></td>
<td>Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/2010</td>
<td>UT Facilities - UT Custodial</td>
<td>10100 Burnet Rd., Bldg. 15, Austin, TX 78722</td>
<td>$470</td>
</tr>
<tr>
<td></td>
<td>Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/2010</td>
<td>UT Facilities - Sign Shop</td>
<td>1301 E. Dean Keaton St., Austin, TX 78722</td>
<td>$270</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/2010</td>
<td>Tents - 70 - 60</td>
<td>P.O. Box 7530 Austin, TX 78760</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Purpose of expenditure**

- Reimbursement for In-kind Contribution
- Reimbursement for In-kind Contribution
- Reimbursement for In-kind Contribution
- Extra small tent for serving - Just received! Bill - In mail

*ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED*
<table>
<thead>
<tr>
<th>Date</th>
<th>Payee name</th>
<th>Payee address; City, State; Zip Code</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/19/2010</td>
<td>Flowers 4 More</td>
<td>P.O. Box 6210, Austin, TX 78768</td>
<td>$300</td>
</tr>
<tr>
<td>9/19/2010</td>
<td>The Budget Shop</td>
<td>P.O. Box 8490, Atlanta, GA</td>
<td>$532.63</td>
</tr>
<tr>
<td>9/19/2010</td>
<td>Cart Repair Central</td>
<td>P.O. Box 6210, Austin, TX 78768</td>
<td>$554</td>
</tr>
</tbody>
</table>

**Purpose of expenditure**

- Flowers 4 More: Centerpieces - Just Received Bill in mail
- The Budget Shop: Extra Tablecloths, Forks, Napkins, Plates, Place Cards, Printing - Bill Lost in Mail
- Cart Repair Central: Just Received Repair Services for Golf Carts Bill