

**FORM COR-SPK-RD**

**CORRECTION AFFIDAVIT  
FOR SPEAKER'S REUNION DAY REPORT**

1 ACCOUNT # <i>Speaker Reunion Day</i>		2 Total pages filed: <i>1</i>		OFFICE USE ONLY <b>HAND DELIVERED RECEIVED</b> Date Received <b>SEP 30 2010</b> <i>ae</i> <del>Texas Ethics Commission</del> Date Hand-delivered or Date Postmarked	
3 CHAIRMAN'S NAME		TITLE			
<i>Speaker Pro Tempore Craig Eiland</i>		<i>Speaker Pro Tempore Craig Eiland</i>		Receipt #	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> FINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT IF THIS IS A FINAL REPORT, IS THERE AN OUTSTANDING DEBT ON THE DATE OF THIS REPORT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Legal	
5 DATE OF CEREMONY		MONTH DAY YEAR <i>4 / 30 / 2009</i>		Date Processed	
				Date Imaged	

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 Pay of Contributions - \$406.72, \$470, (also copy attached) \$270*

7 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.  
*[Signature]*  
 Signature of Chairman

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Laurie Loisselle* this the *14<sup>th</sup>* day of *September*

20 *10* to certify which, witness my hand and seal of office.

*[Signature]*      *Frederick Reising*      *Notary*  
 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**

(5)

# SPEAKER'S REUNION DAY REPORT

## FORM SPK-RD COVER SHEET

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

**OFFICE USE ONLY**

1 TOTAL PAGES OF SCHEDULE A FILED: \_\_\_\_\_  
TOTAL PAGES OF SCHEDULE B FILED: \_\_\_\_\_

Account # \_\_\_\_\_  
Date Received **HAND DELIVERED RECEIVED**  
**SEP 30 2010**  
Texas Ethics Commission  
Receipt # \_\_\_\_\_  
HD / PM \_\_\_\_\_ Amount \_\_\_\_\_  
Date Processed \_\_\_\_\_  
Date Imaged \_\_\_\_\_

2 CHAIRMAN'S NAME  
TITLE: Speaker Pro Tempore  
FIRST: Craig  
MI: \_\_\_\_\_  
NICKNAME: Eiland  
LAST: \_\_\_\_\_  
SUFFIX: \_\_\_\_\_

3 CHAIRMAN'S MAILING ADDRESS  
STREET OR PO BOX: 2910  
APT / SUITE #: Gw. 5  
CITY: Austin, TX  
STATE: TX  
ZIP CODE: 78768

4 CHAIRMAN'S TELEPHONE NUMBER  
AREA CODE: (512)  
TELEPHONE NUMBER: 463  
EXTENSION: - 0502

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	\$ 3,153.35
B. TOTAL EXPENDITURES OF \$50 OR LESS	\$ 29.00
C. TOTAL OF ALL EXPENDITURES (ADD LINES 8A & 8B)	\$ 3182.35

*A. Craig Eiland*  
Signature of chairman

# CONTRIBUTIONS

# SCHEDULE A (SPK-RD)

(Complete Schedule A for any individual or entity whose total contributions exceed \$50.)

1 Total pages this Schedule A (SPK-RD): <i>13</i>		OFFICE USE ONLY	
2 Chairman's name <i>CRAIG EILAND</i>			
3 Date <i>3/27/09</i>	4 Full name of contributor <i>Craig Eiland</i>	6 Amount of contribution (\$) <i>\$500.00</i>	7 Type of contribution <input checked="" type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
	5 Contributor address; City; State; Zip Code <i>P.O. Box 2410 Austin, TX 78768</i>		
Date <i>5/18/09</i>	Full name of contributor <i>Time Warner Cable</i>	Amount of contribution (\$) <i>\$500.00</i>	Type of contribution <input checked="" type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
	Contributor address; City; State; Zip Code <i>[REDACTED] Houston, TX 77056</i>		
Date <i>4/30/09</i>	Full name of contributor <i>UT EVENT. &amp; MOVING SERVICES</i>	Amount of contribution (\$) <i>\$406.72</i>	Type of contribution <input type="checkbox"/> cash contribution <input checked="" type="checkbox"/> in-kind contribution
	Contributor address; City; State; Zip Code <i>[REDACTED] Austin, TX 78722</i>		<i>Need to reimburse</i>
Date <i>4/30/09</i>	Full name of contributor <i>UT Custodial Services</i>	Amount of contribution (\$) <i>\$470</i>	Type of contribution <input type="checkbox"/> cash contribution <input checked="" type="checkbox"/> in-kind contribution
	Contributor address; City; State; Zip Code <i>[REDACTED] Austin, TX 78758</i>		<i>- Need to reimburse</i>
Date <i>4/30/09</i>	Full name of contributor <i>UT SIGN SHOP</i>	Amount of contribution (\$) <i>\$270</i>	Type of contribution <input type="checkbox"/> cash contribution <input checked="" type="checkbox"/> in-kind contribution
	Contributor address; City; State; Zip Code <i>[REDACTED] Austin, TX 78722</i>		<i>- Need to reimburse</i>
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution
	Contributor address; City; State; Zip Code		<input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution
Date	Full name of contributor	Amount of contribution (\$)	Type of contribution
	Contributor address; City; State; Zip Code		<input type="checkbox"/> cash contribution <input type="checkbox"/> in-kind contribution

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**EXPENDITURES**

**SCHEDULE F (SPK)**

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

1 Total pages this Schedule F (SPK): 2 OFFICE USE ONLY

2 Chairman's name Speaker Pro Tempore Eiland

3 Date <u>9/19/2010</u>	4 Payee name <u>UT Facilities - Event &amp; Moving Services</u>	6 Amount (\$) <u>\$ 406.72</u>
	5 Payee address; City; State; Zip Code <u>1301 E. Dean Keaton St, Austin, TX 78722</u>	

7 Purpose of expenditure  
Reimbursement for In-kind Contribution

Date <u>9/19/2010</u>	Payee name <u>UT Facilities - UT Custodial Service</u>	Amount (\$) <u>\$ 470</u>
	Payee address; City; State; Zip Code <u>10100 Burnet Rd. Bldg. 15 Austin, TX 787</u>	

Purpose of expenditure  
Reimbursement for in-kind Contribution

Date <u>9/19/2010</u>	Payee name <u>UT Facilities - Sign Shop</u>	Amount (\$) <u>\$ 270</u>
	Payee address; City; State; Zip Code <u>1301 E. Dean Keaton St. Austin, TX 78722</u>	

Purpose of expenditure  
Reimbursement for In-kind Contribution

Date <u>9/19/2010</u>	Payee name <u>TENTS - 10 - 60</u>	Amount (\$) <u>\$ 500</u>
	Payee address; City; State; Zip Code <u>P.O. Box 7530 Austin, TX 78768</u>	

Purpose of expenditure  
Extra small tent for serving - Just Received. Bill - In mail

# EXPENDITURES

# SCHEDULE F (SPK)

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

<b>1</b> Total pages this Schedule F (SPK): <u>2</u>	OFFICE USE ONLY
<b>2</b> Chairman's name	

<b>3</b> Date 9/19/2010	<b>4</b> Payee name Flowers & More	<b>6</b> Amount (\$) \$300
<b>5</b> Payee address; City; State; Zip Code P.O. Box 6210 Austin, TX 78768		

**7** Purpose of expenditure  
Centerpieces - Just Received Bill in mail

<b>Date</b> 9/19/2010	<b>Payee name</b> The Budget Shop	<b>Amount (\$)</b> \$532.63
<b>Payee address; City; State; Zip Code</b> P.O. Box 8490, Atlanta GA.		

**Purpose of expenditure**  
Extra Tableclothes, Forks, Napkins, Plates, Place Cards, Printing - Bill Lost in mail

<b>Date</b> 9/19/2010	<b>Payee name</b> Cart Repair Central	<b>Amount (\$)</b> \$654
<b>Payee address; City; State; Zip Code</b> P.O. Box 8210 Austin, TX 78768		

**Purpose of expenditure**  
Just-Received- Repair services for Golf Carts Bill

<b>Date</b>	<b>Payee name</b>	<b>Amount (\$)</b>
<b>Payee address; City; State; Zip Code</b>		

**Purpose of expenditure**

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED