

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 10/27	
2 FILER NAME <b>Thibaut, Kristi</b>		3 ACCOUNT # (Ethics Commission filers) 00058217	
4 Date  10/16/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stewart, Elizabeth  6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of contribution (\$)  \$150.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  10/09/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Teamsters Local Union #988 Drive Political Fund  6 Contributor address; City; State; Zip Code Houston, TX 77032	7 Amount of contribution (\$)  \$10,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  10/15/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texans for Insurance Reform PAC  6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of contribution (\$)  \$7,250.00	8 In-kind contribution description (if applicable) Survey
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  10/24/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Texans Together PAC</b>  6 Contributor address; City; State; Zip Code Austin, TX 78723	7 Amount of contribution (\$)  \$21,000.00	8 In-kind contribution description (if applicable) <b>Canvassing</b>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
4 Date  10/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Texas AFL-CIO State COPE Fund  6 Contributor address; City; State; Zip Code Austin, TX 78711	7 Amount of contribution (\$)  \$400.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	



# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT # 00058217	<b>2</b> PAGE # 1 of 27					
<b>3</b> CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Kristi NICKNAME LAST SUFFIX Thibaut	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td>Legal</td> <td>Totals</td> </tr> </table> Date Processed  Date Imaged	Receipt #	Amount	Legal	Totals
Receipt #	Amount					
Legal	Totals					
<b>4</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report					
<b>5</b> ORIGINAL PERIOD COVERED	Month    Day    Year                      Month    Day    Year 09/26/2008                      THROUGH                      10/25/2008	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date Processed</td> <td style="width: 50%;">Date Imaged</td> </tr> </table>	Date Processed	Date Imaged		
Date Processed	Date Imaged					
<b>6</b> EXPLANATION OF CORRECTION						
<p>This correction includes FEC ID numbers for two out-of-state PACs (American Federation of State County &amp; Municipal Employees PAC and the American Federation of Teachers PAC) and also includes an employer and occupation of one donor (Cheryl George) that were inadvertently omitted from the original report. We are filing this correction in good faith within 14 business days of the discovery of the omission and we believe that this report was substantially compliant as originally filed. We respectfully request that the Commission waive all fines associated with this correction.</p>						
<b>7</b> AFFIDAVIT	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <p><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;">Kristi Thibaut _____ Signature of Candidate or Officeholder</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>					
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**