

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

| | | | | | | |
|---------------------------------|---|---|--|--|----------|-----------|
| 1 ACCOUNT # | | 2 Total pages filed: <u>4</u> | | OFFICE USE ONLY | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>Mrs.</u> | FIRST <u>Mary Ellen</u> | MI | Date Received <u>12 SEP 27 PM 4:21:46</u> | | |
| | NICKNAME | LAST <u>Pietruszynski</u> | SUFFIX | Date Hand-delivered or Postmarked | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other (specify) | | | |
| | <input checked="" 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 type="checkbox"/> 8th day before election | <input type="checkbox"/> Final report | | | | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | <u>5</u> | <u>30</u> | <u>12</u> | THROUGH | <u>7</u> | <u>15</u> |
| 6 EXPLANATION OF CORRECTION | | | | | | |

As a first time candidate I was unaware of the reporting period dates for the first campaign finance report. I did not understand that the first expense incurred long before the filing for candidacy, began the reporting period. Nor did I understand when the period ended. I was unaware that any report was due yet when I filed my first report. I was also unaware that I needed to file the name of my treasurer before I used personal funds to rent a mailbox or gather friends (no funds were raised) to announce my intent to run. As a first time candidate I tried to hire an experienced advisor but each one I contacted was helping my opponent so I made my best good faith effort to file in a timely accurate manner.

7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): 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 Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ellen Pietruszynski this the 27th day of September

20 12, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Stacey McAdoo Archer
Printed name of officer administering oath

Notary
Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction Guide explains how to complete this form. | | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 24px;">4</div> | | | | | | | | | | | | |
|---|---|---|--|-----------------|--|---------------|---------|-----------------------------------|--|-----------|--------|----------------|--|-------------|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mrs. FIRST: Mary Ellen NICKNAME: LAST: Pietruszynski MI: SUFFIX: | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">OFFICE USE ONLY</th> </tr> <tr> <td style="padding: 2px;">Date Received</td> <td style="text-align: center; padding: 2px; font-size: 24px;">9/27/12</td> </tr> <tr> <td style="padding: 2px;">Date Hand-delivered or Postmarked</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Date Processed</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Date Imaged</td> <td style="padding: 2px;"></td> </tr> </table> | | OFFICE USE ONLY | | Date Received | 9/27/12 | Date Hand-delivered or Postmarked | | Receipt # | Amount | Date Processed | | Date Imaged | |
| OFFICE USE ONLY | | | | | | | | | | | | | | | |
| Date Received | 9/27/12 | | | | | | | | | | | | | | |
| Date Hand-delivered or Postmarked | | | | | | | | | | | | | | | |
| Receipt # | Amount | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6211 John Chisom Ln Austin TX 78749 | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: (512) PHONE NUMBER: 288 - 9810 EXTENSION: | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr. FIRST: A NICKNAME: LAST: Lopez MI: SUFFIX: | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7206 Providence Ave Austin TX 78752 | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (512) PHONE NUMBER: 695 - 8170 EXTENSION: | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 5 / 30 / 12 THROUGH 6 / 30 / 12 | | | | | | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 6 / 12 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Austin Independent School District Board | | | | | | | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mary Ellen Pietruszynski

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 971.36

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 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.

Mary Ellen Pietruszynski
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mary Ellen Pietruszynski, this the 27th day of September, 20 12, to certify which, witness my hand and seal of office.

Stacey McAdoo Archer
Signature of officer administering oath

Stacey McAdoo Archer
Printed name of officer administering oath

Notary
Title of officer administering oath

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule G: 1 | 2 FILER NAME Mary Ellen Pietruszynski | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date 5-30-12 | 5 Payee name Postal Annex | |
| 6 Amount (\$) 64.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 6705 HWY 290 W Suite 502 Austin TX 78735 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) mail box Rental Office Overhead | (b) Description (If travel outside of Texas, complete Schedule T) mail box rental |
| Date 6-6-12 | Payee name Matt's El Rancho Restaurant | |
| Amount (\$) 907.36 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 2613 South Lamar Austin TX | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) Event Expense | Description (If travel outside of Texas, complete Schedule T) room rental / food |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED