

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|---------------------------------------|---|----------------------|--------|--|-----|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | Date Received | |
| | NICKNAME | LAST | SUFFIX | PASADENA ISD | |
| 4 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election | | | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | |
| | <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) | | | Date Hand-delivered or Date Postmarked JUL 14 2022 ACCOUNTABILITY & COMPLIANCE | |
| 5 ORIGINAL PERIOD COVERED | Month | Day | Year | Month | Day |
| | 7 | 16 | 2021 | 1 | 15 |
| THROUGH | | | 2022 | | |
| Date Processed Date Imaged | | | | | |

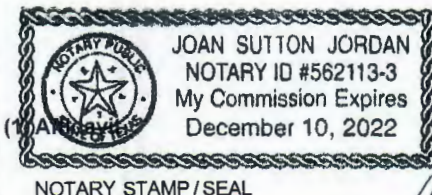
6 EXPLANATION OF CORRECTION

Unintentionally overlooked filing report for this period.

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

Check ONLY if applicable:

- ☒ Semiannual reports: 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: 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.



NOTARY STAMP / SEAL

Signature of Candidate/Officeholder

Please complete either option below:

Sworn to and subscribed before me by Casey Phelan this the 14 day of July, 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Joan SUTTON JORDAN Printed name of officer administering oath: Joan SUTTON JORDAN Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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