

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total Pages filed:		OFFICE USE ONLY	
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	Date Received 10/22/2015	
	Mrs.	Herlinda			
	NICKNAME	LAST	SUFFIX		
	Garcia				

4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Other (Specify) _____			Date Hand-delivered or Date Postmarked	
	☐ July 15 ☐ Exceeded \$500 limit _____			Receipt #	Amount
	☒ 30th day before election ☐ 15th day after treasurer appointment (Officeholder only)			Legal	Totals
	☐ 8th da before election ☐ Final report			Date Processed	

5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	Date Imaged
			7/27/2015	THROUGH		9/24/2015	

6 EXPLANATION OF CORRECTION

Corrected Political Contributions, Political Expenditures and Contribution Balance Totals. Included Outstanding Loan Totals and C/OH SubTotals Form and Schedule E Loans Form.

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.

 Herlinda Garcia
 Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

Sworn to and subscribed before me, by _____, this the _____ day
 of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print 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**

