

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <u>3</u>		
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>C</u>	FIRST <u>DONALD S.</u> MI	
		NICKNAME <u>STEVE</u>	LAST <u>BENTON</u> SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Receipt #
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Totals
5 ORIGINAL PERIOD COVERED	Month <u>7</u> Day <u>1</u> Year <u>07</u>	THROUGH	Month <u>12</u> Day <u>31</u> Year <u>07</u>	Date Processed
				Date Imaged

6 EXPLANATION OF CORRECTION  
DATES OF POLITICAL EXPENDITURES (7-27-07 & 8-23-07) were noted as 7-27-08 & 8-23-08 -

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.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

[Signature]

Sworn to and subscribed before me by STEVE BENTON this the 15th day of July 20 08 to certify which, witness my hand and seal of office.

Georgia Kuempel  
Signature of officer administering oath

Georgia Kuempel  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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

## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**All Reports:** A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

**Reports filed with Texas Ethics Commission:** A corrected report filed with the Ethics Commission after its due date is considered late for purposes of late-filing penalties unless: (1) the report as originally filed substantially complies with the applicable law, (2) any error or omission in the report as originally filed was made in good faith, and (3) the person filing the report files a corrected report not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete. Also, a filer wishing to ask the Ethics Commission to consider waiving or reducing a late-filing penalty may do so by providing a basis of the request in the correction affidavit.

Attach additional pages as necessary.

### INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

- 1. Account #.** If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed.** After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name.** Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type.** Mark the type of report you are correcting.
- 5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction.** Attach any part of the campaign finance report form needed to report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Affidavit.** Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: \_\_\_\_\_

2 FILER NAME STEVE BENTON 3 ACCOUNT # (Ethics Commission filers) \_\_\_\_\_

4 Date <u>7.27.07</u>	5 Payee name <u>Williamson County</u> 6 Payee address; City; State; Zip Code <u>201 S.E. Inner Loop, Georgetown, TX 78626</u>	7 Amount (\$) <u>100.00</u>
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8 Purpose of payment (See instructions regarding type of information required.) <u>COURTHOUSE DEDICATION</u> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date <u>8.23.07</u>	Payee name <u>BOBBY GUITIERREZ CAMPAIGN</u> Payee address; City; State; Zip Code <u>301 S.E. Inner Loop, Georgetown, TX 78626</u>	Amount (\$) <u>500.00</u>
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Purpose of payment (See instructions regarding type of information required.) <u>CAMPAIGN FUND</u> (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____
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Date	Payee name  Payee address; City; State; Zip Code	Amount (\$)
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Purpose of payment (See instructions regarding type of information required.)  (If travel outside of Texas, complete Schedule T)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name _____ Office sought _____ Office held _____
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**