

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY Date Received RECEIVED DEC 18 2007 (P) 4:40 p.m. J.A. BY					
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST			MI			
		NICKNAME	LAST	SUFFIX	Date Hand Delivered or Date Postmarked				
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" 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 \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____					
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	Receipt #	Amount
		<u>1</u>	<u>1</u>	<u>07</u>	THROUGH	<u>6</u>	<u>30</u>	<u>07</u>	Totals
6 EXPLANATION OF CORRECTION		Date Processed							
		Date Imaged							

Inadvertantly left off page showing 2 expenditures (See attached).

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

Sworn to and subscribed before me by John Bradley this the 12 day of December 2007 to certify which, witness my hand and seal of office.

Nita L. Sandi Andrews Signature of officer administering oath
 Nita L. Sandi Andrews Printed name of officer administering oath
 Notary Title of officer administering oath

John Bradley Signature of Candidate or Officeholder

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

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date 1-5-07	5 Payee name Williamson County Repub. Party 6 Payee address; City; State; Zip Code Po Box 393, Round Rock, TX 78680	7 Amount (\$) \$1,000 ⁰⁰
8 Purpose of payment (See instructions regarding type of information required.) Reagan dinner fundraiser (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-24-07	Payee name Williamson County Repub Party Payee address; City; State; Zip Code Po Box 393, Round Rock, TX 78680	Amount (\$) \$100 ⁰⁰
Purpose of payment (See instructions regarding type of information required.) Reagan dinner fundraiser (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED