

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <b>4</b>		<b>OFFICE USE ONLY</b>							
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <b>Mr.</b>	FIRST <b>Robert</b>	MI <b>F.</b>	Date Received <b>07 APR 2007 AM 8:27</b> CITY CLERK DEPT.						
		NICKNAME <b>Beto</b>	LAST <b>O'Rourke</b>	SUFFIX							
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input checked="" 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			Date Hand-delivered or Date Postmarked		Receipt #	Amount			
5 ORIGINAL PERIOD COVERED		Month / Day / Year <b>1 / 1 / 07</b>		THROUGH		Month / Day / Year <b>4 / 2 / 07</b>		Legal	Totals	Date Processed	Date Imaged

6 EXPLANATION OF CORRECTION

I am correcting an incorrect contribution amount and adding a missing contributor. Ms. Elizabeth Taber contributed \$100, not \$200 as originally stated. Mr. Morris Troy Marcus donated \$250 on 2/9/07, which was not included in the original statement. The total amount in campaign contributions received for this reporting period was \$44,953.40.

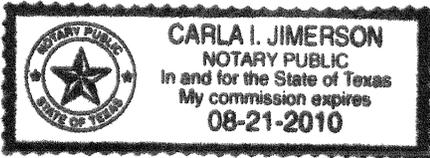
7 AFFIDAVIT

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.

Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Robert O'Rourke this the 24<sup>th</sup> day of April

20 07, to certify which, witness my hand and seal of office.

Carla I Jimerson      Carla I Jimerson      notary  
 Signature of officer administering oath      Printed 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**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** O'Rourke, Robert (Mr.)

**15 ACCOUNT #** (Ethics Commission filers)  
00000008

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

.. This box is for notice of political expenditures 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**

COMMITTEE NAME

**GENERAL**

COMMITTEE ADDRESS

**SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION TOTALS**

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

\$ 0.00

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

\$ 44,953.40

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 31,269.58

**CONTRIBUTION BALANCE**

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

\$ 21,413.64

**OUTSTANDING LOAN TOTALS**

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

\$ 0.00

**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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>				<b>1 PAGE #</b> Schedule: 69/113 Report: 71/126	
<b>2 FILER NAME</b> O'Rourke, Robert (Mr.)				<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000008	
<b>4 Date</b>  02/18/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Marcus, Meyer (Mr.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 6500 Montana El Paso, TX 79925			<b>7 Amount of contribution (\$)</b>  \$250.00	
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>		
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11 In-kind description (if applicable)</b>		
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>					
<b>13 Departure city / location</b>		<b>14 Departure date</b>	<b>15 Destination city / location</b>		<b>16 Arrival date</b>
<b>17 Means of transportation</b>			<b>18 Purpose of travel</b>		
<b>4 Date</b>  02/09/2007	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Marcus, Morris Troy (Mr.)  ..... <b>6 Contributor address; City; State; Zip Code</b> 824 Dulcinea Ct. El Paso, TX 79922			<b>7 Amount of contribution (\$)</b>  \$250.00	
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>		
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11 In-kind description (if applicable)</b>		
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>					
<b>13 Departure city / location</b>		<b>14 Departure date</b>	<b>15 Destination city / location</b>		<b>16 Arrival date</b>
<b>17 Means of transportation</b>			<b>18 Purpose of travel</b>		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 102/113 Report: 104/126

**2** FILER NAME O'Rourke, Robert (Mr.)

**3** ACCOUNT # (Ethics Commission filers)

00000008

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Strickland, Robert K. (Mr.)

**7** Amount of contribution (\$)

03/29/2007

**6** Contributor address; City; State; Zip Code  
540 Willow Glen Dr.  
El Paso, TX 79922

\$60.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

**13** Departure city / location

**14** Departure date

**15** Destination city / location

**16** Arrival date

**17** Means of transportation

**18** Purpose of travel

**4** Date

**5** Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Taber, Elizabeth Y. (Ms.)

**7** Amount of contribution (\$)

03/28/2007

**6** Contributor address; City; State; Zip Code  
1575 Belvidere Apt. 202  
El Paso, TX 79912

\$100.00

**8** Principal occupation / Job title (See Instructions)

**9** Employer (See Instructions)

**10** In-kind contribution

Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

**11** In-kind description (if applicable)

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