

FORM COR-C/OH

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

<b>1</b> ACCOUNT #		<b>2</b> Total pages filed:		<b>OFFICE USE ONLY</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
NICKNAME LAST SUFFIX		NICKNAME LAST SUFFIX		CITY CLERK DEPT.	
<b>4</b> 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	
<b>5</b> ORIGINAL PERIOD COVERED		Month Day Year      THROUGH      Month Day Year		Receipt #      Amount	
3 / 24 / 09      4 / 5 / 09				Legal      Totals	
				Date Processed	
				Date Imaged	

**6** EXPLANATION OF CORRECTION

*Correction on American Energy for Independent Address*

*I Deleted Contribution on Inst. for Culture Learning I return Ch. p I.C.L.*

**7** AFFIDAVIT

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

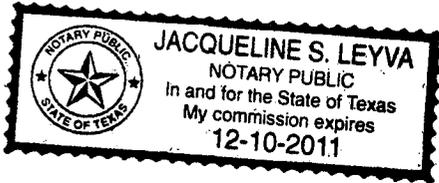
Check ONLY if applicable:

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]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Jose A. Lozano* this the *1<sup>st</sup>* day of *May*, 20 *09*, to certify which, witness my hand and seal of office.



Signature of officer administering oath: *Jacqueline S. Leyva*      Printed name of officer administering oath: *Jacqueline S. Leyva*      Title of officer administering oath: *Notary*

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

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

*CORRECTED*

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

*5-1-09*

2 FILER NAME

*The A. Legend*

3 ACCOUNT # (Ethics Commission filers)

4 Date

*8/11*

5 Full name of contributor  out-of-state PAC (ID#)

*American Energy Fed. Ind.*

6 Contributor address; City; State; Zip Code

*12628 TIERRA INDIA*

~~*3400 Franklin Dr*~~

7 Amount of contribution (\$)

*1000*

8 In-kind contribution description (if applicable)

*Correction*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*8/15*

Full name of contributor  out-of-state PAC (ID#)

~~*Last State for Crothall Legend*~~

Contributor address; City; State; Zip Code

~~*3400 Franklin Dr*~~

Amount of contribution (\$)

~~*1200*~~

In-kind contribution description (if applicable)

*Correction  
CONTRIBUTION*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*Returned*

Date

*3/1*

Full name of contributor  out-of-state PAC (ID#)

*Amisted Plumbing*

Contributor address; City; State; Zip Code

*7316 N. Loop*

Amount of contribution (\$)

*100*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/7*

Full name of contributor  out-of-state PAC (ID#)

*Frank Macias*

Contributor address; City; State; Zip Code

*1001 N. Campbell*

Amount of contribution (\$)

*500*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13*

Full name of contributor  out-of-state PAC (ID#)

*George E. Salom*

Contributor address; City; State; Zip Code

*807 S EU PASO ST*

Amount of contribution (\$)

*200*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CITY CLERK DEPT.  
09 MAR -1 PM 12:55

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements