

FORM COR-C/OH

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <u>3</u>		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Postmarked			
	<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					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	<u>3</u>	<u>09</u>	<u>11</u>	THROUGH	<u>4</u>	<u>14</u>	<u>11</u>

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6 EXPLANATION OF CORRECTION

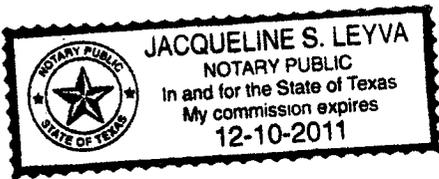
18 Line 1 change from \$2496.75 to \$2467.00
 The total political contributions of \$50 or less was overstated by \$29.75 on the 30th day before the election Report. During the closing of the account (July 1, 2011) the overstatement was discovered.

18 line 4 change from \$4695.21 to \$5074.35 This amount includes three additional expenditures (see attached).

on Political expenditures - Schedule F
 Three additional expenditures (see attached) were added.

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.

Sonia Brown
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Sonia Brown this the 1st day of July, 20 11, to certify which, witness my hand and seal of office.

Signature of officer administering oath <u>Jacqueline S. Leyva</u>	Printed name of officer administering oath <u>Jacqueline S. Leyva</u>	Title of officer administering oath <u>Notary</u>
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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

15 C/OH NAME

Sonia Brown

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

- GENERAL
- SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

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18 CONTRIBUTION TOTALS

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

\$ 2467⁸¹

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

\$ 5,680⁸¹

EXPENDITURE TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 5074.35

CONTRIBUTION BALANCE

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

\$ 2788.15

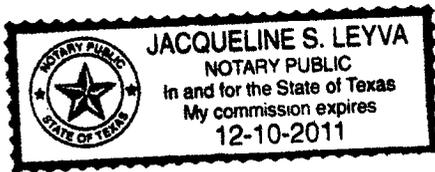
OUTSTANDING LOAN TOTALS

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

\$

19 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.



Sonia Brown

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sonia Brown*, this the *7th* day of *July*, 20 *11*, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva
Signature of officer administering oath

Jacqueline S. Leyva
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>Sonia Brown</i>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <i>4-14-11</i>	5 Payee name <i>Luis Enriquez Boya</i>
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6 Amount (\$) <i>215⁵²</i>	7 Payee address; City; State; Zip Code <i>12920 Tierra Salas El Paso, TX 79938</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description (If travel outside of Texas, complete Schedule T) <i>banners</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4-12-11</i>	Payee name <i>Office Depot</i>
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Amount (\$) <i>162.59</i>	Payee address; City; State; Zip Code <i>1838 Joe Battle Blvd El Paso, TX 79936</i>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Advertising Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Copies of Fliers</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>3-23-11</i>	Payee name <i>PayPal Service Charge</i>
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Amount (\$) <i>1.03</i>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Fees</i>	Description (If travel outside of Texas, complete Schedule T) <i>Fee</i>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED