

FORM COR-C/OH

## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

|                                 |  |                               |                                   |  |           |
|---------------------------------|--|-------------------------------|-----------------------------------|--|-----------|
| 1 ACCOUNT #                     |  | 2 Total pages filed: <u>3</u> |                                   | <b>OFFICE USE ONLY</b>   |           |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR  | FIRST<br><u>Sonia</u>         | MI                                | Date Received<br><u>2011 JUL -7 AM 11:06</u><br>CITY CLERK DEPT. |           |
|                                 | NICKNAME   | LAST<br><u>Brown</u>          | SUFFIX                            |  |           |
| 4 ORIGINAL REPORT TYPE          | <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____<br><input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)<br><input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report |                               | Date Hand-delivered or Postmarked |  | Receipt # |
|                                 |  |                               | Date Processed                    |  | Amount    |
| 5 ORIGINAL PERIOD COVERED       | Month  | Day                           | Year                              | THROUGH  | Month     |
|                                 | <u>4</u>   | <u>15</u>                     | <u>11</u>                         |  | <u>05</u> |
|                                 |  |                               |                                   |  | <u>05</u> |
|                                 |  |                               |                                   |  | <u>11</u> |

6 EXPLANATION OF CORRECTION

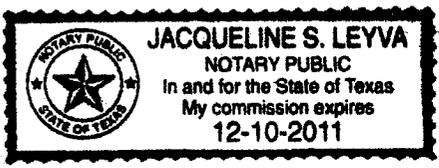
18 Line 4 Change from \$1848.61 to \$1633.29  
A political expenditure of \$215.52 was moved from the 8th day before election Report to the 30th before election Report due to the date.  
Another political expenditure should have been 739.27 (H 4H Dimerotree Inc) instead of 739.07, a difference of 20¢.

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 7<sup>th</sup> day of July, 20 11, to certify which, witness my hand and seal of office.

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

**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.

|  |                |                                      |
|--|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> additional pages | COMMITTEE TYPE | COMMITTEE NAME                       |
|  |                | COMMITTEE ADDRESS                    |
|  |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

CITY CLERK DEPT.  
 2011 JUL -7 AM 11:06

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 250.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 580.00

EXPENDITURE TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 1633.29

CONTRIBUTION BALANCE

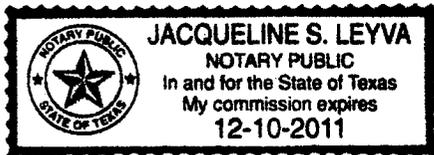
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1553.36

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 7<sup>th</sup> 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:<br><b>1</b> | 2 FILER NAME<br><b>Sonia Brown</b> | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|------------------------------------|--|

|                          |   |
|--------------------------|---|
| 4 Date<br><b>4-21-11</b> | 5 Payee name<br><b>Dynamic Tool Co.</b> |
|--------------------------|---|

|                             |   |
|-----------------------------|---|
| 6 Amount (\$)<br><b>500</b> | 7 Payee address; City; State; Zip Code<br><b>1421 Vanderbilt DR,<br/>EL PASO, TX 79935-4808</b> |
|-----------------------------|---|

|                          |  |   |
|--------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule)<br><b>Other</b> | (b) Description (If travel outside of Texas, complete Schedule T)<br><b>Returned contribution</b> |
|--------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |  |
|------------------------|--|
| Date<br><b>4-25-11</b> | Payee name<br><b>H + H Dinero Tree, Inc.</b> |
|------------------------|--|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>739.27</b> | Payee address; City; State; Zip Code<br><b>9020 mayflower AVE<br/>EL PASO, TX 79925-1326</b> |
|------------------------------|--|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Advertising Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>mail processing services including delivery to USPS.</b> |
|------------------------|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                        |                                   |
|------------------------|-----------------------------------|
| Date<br><b>4-16-11</b> | Payee name<br><b>Office Depot</b> |
|------------------------|-----------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><b>35.67</b> | Payee address; City; State; Zip Code<br><b>1313 George Dieter DR.<br/>EL PASO, TX 79934</b> |
|-----------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule)<br><b>Polling Expense</b> | Description (If travel outside of Texas, complete Schedule T)<br><b>laminated map.</b> |
|------------------------|--|--|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
|------------------------|--|---|

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2011 JUL -7 AM 11:05  
 CITY CLERK DEPT.