

FORM COR-C/OH

CORRECTION/AMENDMENT 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	2012 OCT - 9 PM 3:50 WALLER COUNTY CLERK ELECTIONS DIVISION FILED
	NICKNAME LAST SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit _____ <input 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 THROUGH Month Day Year <u>5 / 20 / 2012</u> <u>6 / 30 / 2012</u>	
		Date Received
		Date Hand-delivered or Postmarked
		Receipt # Amount
		Date Processed
		Date Imaged

6 EXPLANATION OF CORRECTION

1. Cover Sheet - Period Covered Ending Date should be 6/30/2012 not 7/15/2012
 2. Schedule F - Date on Hotline Press Expense should be 6/15/2012 not 5/11/2012.

7 AFFIDAVIT

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

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semiannual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports due on or after September 1, 2011): 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.



John A. Amstler
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John A. Amstler, this the 9th day of October.

2012, to certify which, witness my hand and seal of office.
Jonelle Hammack Jonelle Hammack 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**

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: 1	2 FILER NAME John A. Amstler	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/23/12	5 Payee name News Citizen
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6 Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 350 Business 290 E #7 Hempstead, Tx 77445
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/15/2012 5/11/2012	Payee name Hotline Press
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Amount (\$) \$34.00	Payee address; City; State; Zip Code 1116 Austin Street Hempstead, Tx 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/19/2012	Payee name GSPC
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Amount (\$)	Payee address; City; State; Zip Code P.O. Box 751 Hempstead, Tx 77445
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event Expense	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> 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 <u>ONLY</u> 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