

FORM COR-C/OH

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Hand-Delivered or Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged	
	5 ORIGINAL PERIOD COVERED				
Month	Day	Year	Month	Day	Year
6	30	2013	THROUGH	12	31 / 2013

FILED FOR RECORD
14 FEB - 7 PM 4:12
DEBBIE COLLIN
COUNTY CLERK
WALLER COUNTY, TX

6 EXPLANATION OF CORRECTION
This is to clarify that the January 15, 2014 report was NOT my final report. I signed the "Final report" (last) page of the form in error. This was not my final report. The type of report is correctly indicated on the Cover Sheet Pgl. It is the January 15th report. I have not filed my final candidate finance report. Please remove the c/oH - FR page from the file for the Jan. 15 report.


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.



AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said Lawrence James, this the 17th day of February, 2014, to certify which, witness my hand and seal of office.

Peggy Sanders Signature of officer administering oath
Peggy Sanders Printed name of officer administering oath
legal asst. Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Lawrence J NICKNAME LAST SUFFIX Larry Jones	OFFICE USE ONLY Date Received Date Hand Delivered or Postmarked Receipt # Amount Date Imaged DEBBIE HOLLAN CLERK WALLER COUNTY, TX. 2014 JAN 14 PM 3:50 FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE P.O. Box 315 Pattison TX 77466		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 754 2832		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Katherine W NICKNAME LAST SUFFIX Jones		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE # CITY STATE ZIP CODE 6735 Muske Ln Brookshire TX 77423		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 450 2595		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 6 / 30 / 2013 THROUGH 12 / 31 / 2013		
11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) _____	13 OFFICE SOUGHT (if known) Waller County Commissioner, Precinct 4	

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