

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | |
|---------------------------------------|---|--|--|---|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <u>3</u> | | OFFICE USE ONLY |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>Mr.</u> | FIRST <u>John</u> | MI <u>A</u> | |
| | NICKNAME | LAST <u>Amsler</u> | SUFFIX | Date Hand-delivered or Date Postmarked RECEIVED |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | <input type="checkbox"/> Final report Other (specify) _____ | Receipt # _____ Amount \$ _____ |
| 5 ORIGINAL PERIOD COVERED | Month Day Year <u>1 / 1 / 24</u> | THROUGH | Month Day Year <u>1 / 25 / 24</u> | Date Processed _____ Date Imaged _____ |

6 EXPLANATION OF CORRECTION
Correcting Occupations on Dana Camille Bayer and Billy Fraizer. This information is not required by candidate but was reported wrong.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
 Check ONLY if applicable:
 Semiannual reports: 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: 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 of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is John A. Amsler, and my date of birth is June 10, 1948.
 My address is P.O. Box 648, Hempstead, Tx, 7745, US.
(street) (city) (state) (zip code) (country)
 Executed in Waller County, State of Texas, on the 24 day of February, 2024.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: <u>1</u> |
| 2 FILER NAME <u>John A. Amster</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>11/7/24</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DANA CAMILLE BAYER</u> | 7 Amount of contribution (\$) <u>\$ 100.00</u> |
| 6 Contributor address; City; State; Zip Code <u>128 VALLEY SPRINGS DRIVE HEMPSTEAD, TX 77445</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>Executive Assistant</u> | | 9 Employer (See Instructions) <u>Gulf Bank Capital</u> |
| Date <u>11/21/24</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Billy Frazier</u> | Amount of contribution (\$) <u>\$ 100.00</u> |
| Contributor address; City; State; Zip Code <u>23200 Highway 6 Hempstead, Tx 77445</u> | | |
| Principal occupation / Job title (See Instructions) <u>Business Owner</u> | | Employer (See Instructions) <u>Frazier's</u> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <p style="text-align: center;">John A. Amster</p> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <p style="text-align: center;">11/3/24</p> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Artemino Hernandez</p> | 7 Amount of contribution (\$) <p style="text-align: center;">\$ 250.00</p> |
| 6 Contributor address; City: State: Zip Code <p style="text-align: center;">9977 Daisyfield Lane Katy, TX 77473</p> | | |
| 8 Principal occupation / Job title (See Instructions) <p style="text-align: center;">teacher</p> | | 9 Employer (See Instructions) <p style="text-align: center;">Cvfair I.S.D.</p> |
| Date <p style="text-align: center;">11/7/24</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">DANA Camille Bayer</p> | Amount of contribution (\$) <p style="text-align: center;">\$ 100.00</p> |
| Contributor address; City: State: Zip Code <p style="text-align: center;">128 Valley Springs Dr. Hempstead, TX 77445</p> | | |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;">Business Owner</p> | | Employer (See Instructions) <p style="text-align: center;">Frazier's</p> |
| Date <p style="text-align: center;">11/21/24</p> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;">Billy Fraizer</p> | Amount of contribution (\$) <p style="text-align: center;">\$ 100.00</p> |
| Contributor address; City: State: Zip Code <p style="text-align: center;">23200 Highway 6 Hempstead, TX 77445</p> | | |
| Principal occupation / Job title (See Instructions) <p style="text-align: center;">Executive Assistant</p> | | Employer (See Instructions) <p style="text-align: center;">Gulf Capital Bank</p> |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City: State: Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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