CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	nission Filers)		2 Total pages filed:		OFFICE	EUSE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	John LAST Ame		SUFFIX	Date Received	S FEB 22 PM		
4	ORIGINAL REPORT TYPE	January 15 July 15	Exc	noff Ot	ther (specify)	Date Hand-delivered	2: 15		
		30th day before election		pointment (officeholder only)					
		8th day before election	Fin	al report		Receipt #	Amount \$		
5	ORIGINAL PERIOD COVERED	Month Day	Year	Month	Day Year	Date Processed	2		
	0012.125	7/1/	2015	12/3 ₁	1 /2015	Date Imaged			
6	6 EXPLANATION OF CORRECTION Left aut Expenditure from fersonal funds Schedule G.								
7	AFFIDAVIT			or affirm, under pe true and correct.	nalty of perjury,	that this correc	cted		
			Check C	ONLY if applicable:					
			made in	nual reports: I sw good faith and wit information conta	thout an intent	to mislead or			
-	Notary Pub	RY L AVERY blic, State of Texas amission Expires mber 22, 2017	report not that the or affirm	eports: I swear, ot later than the 14 report as originally in that any error or de in good faith.	4th business da filed is inaccura	ay after the dat ate or incomple	te I learned te. I swear,		
				John a.	and	Office helder			
	AFFIX NOTARY STAF	MP / SEAL ABOVE		Signatu	re of Candidate or (Officerolder			
	Sworn to and subscribe	d before me, by the said <u></u>	bla	A. Amsle	\mathcal{L} , this the 22	M day of FC	brnay.		
	20, to certify which, witness my hand and seal of office.								
_	Signature of officer add	Well	Printed	lary Average of the second of	ering oath	Chief Title of office	Deaty er administering path		
	Down to Attack Any Part Of The Compaign Finance Papart Form								

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 2

14 C/OH NAME John A Amsler 15 Filer ID (Ethics Commission Filers)									
16 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								
	COMMITTEE TYPE	COMMITTEE NAME							
	SPECIFIC	COMMITTEE ADDRESS							
		COMMITTEE CAMPAIGN TREASURER NAME							
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS							
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$ 0						
	4. TOTAL POLITICAL EXPENDITURES								
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1283.39						
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 3750.00						
18 AFFIDAVIT		I swear, or affirm, under penalty of perjury,							
true and correct and includes all information required to be reported by me under Title 15, Election Code. HILARY L AVERY Notary Public, State of Texas My Commission Expires									
November 22, 2017 Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEALABOVE									
Sworn to and subscribed before me, by the said									
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule G:	John A. Amsler	3 Filer ID (Ethics Commission Filers	s)
4 Date 11/16/2015	Republican Party	of Waller County	
Amount (\$) # 150.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	В	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing fee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/	OH Waller County Commissiona Por	Office sought Pof 1 Office held watter County Courses in Communistry	nudy BH
Date ////6/2015	Payee name Prosperity BANK Payee address; City; State; Zip Code		
Amount (\$) # 5.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code Hempstend, Tx 774		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING Check Fee	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	3	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Commission Filers)
SUBTOTAL AMOUNT
\$ 1020.00
\$
\$
\$
\$ 3253.46
\$
\$
\$
\$ 755.00
н \$
\$
\$