

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: <b>3</b>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <b>MR</b>	FIRST <b>John</b>	MI <b>A</b>	Date Received <b>2012 MAY 21</b>	
	NICKNAME	LAST <b>Amstler</b>	SUFFIX	Date Hand-delivered or Postmarked <b>PM 1:13</b>	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit			
	<input checked="" 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	Month	Day
	<b>1</b>	<b>20</b>	<b>12</b>	THROUGH	<b>4 / 19 / 12</b>
				Receipt #	Amount
				Date Processed	
				Date Imaged	

RECEIVED  
WALLER COUNTY CLERK  
ELECTIONS DIVISION

6 EXPLANATION OF CORRECTION:

① Amount on line 5 of Cover Sheet Pg 2 should have been \$1042.91 NOT \$1093.91.

② Political Expenditure (Schedule F) Dated 4/18/2012 to Hotline Press in the amount of \$51.00 should have been in the payee name of News Citizen.

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 21<sup>ST</sup> day of May, 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

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*John A. Amster*

15 ACCOUNT # (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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

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

\$ - 0 -

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

\$ 2674.13

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 1877.10

CONTRIBUTION  
BALANCE

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

\$ ~~1093.91~~  
1042.91

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

18 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.

*John A. Amster*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John A. Amster, this the 30<sup>th</sup> day of April, 2012, to certify which, witness my hand and seal of office.

*Jonelle Hammack*

Signature of officer administering oath

Jonelle Hammack

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: <b>4</b>	2 FILER NAME: <b>John A. Amsler</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date: <b>4/13/2012</b>	5 Payee name: <b>Walmart</b>
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6 Amount (\$): <b>\$51.84</b>	7 Payee address; City; State; Zip Code: <b>625 Highway 290 E Hempstead, TX 77445</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule): <b>Advertising Expense</b>	(b) Description (if travel outside of Texas, complete Schedule T)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>4/18/2012</b>	Payee name: <b><del>Hattori Press</del> News Citizen</b>
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Amount (\$): <b>\$51.00</b>	Payee address; City; State; Zip Code: <b>1116 Austin Street Hempstead, TX 77445</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Advertising Expense</b>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date: <b>3/2/2012</b>	Payee name: <b>Waller County Republican Party - Chair</b>
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Amount (\$): <b>\$750.00</b>	Payee address; City; State; Zip Code: <b>P.O. Box 697 Pattison, TX 77466</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule): <b>Fee</b>	Description (if travel outside of Texas, complete Schedule T)
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Complete ONLY 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 ONLY 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