FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

4 ACCOUNT#		O Total across flad.				
1 ACCOUNT#		2 Total pages filed:	OFFICE USE ONLY			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST JOHN NICKNAME AMS		Date Received WALLER ELECTI 2012 0CT			
ORIGINAL REPORT TYPE ORIGINAL PERIOD COVERED	January 15 Ru July 15 Ex 30th day before election 15 at 8th day before election File Month Day Year	onoff Other (specify) cceeded \$500 limit with day after treasurer popointment (officeholder only) and report Month Day Year HROUGH 6 / 30 / 2012	Date Hand-delivered or Postmared Receipt # Amount Date Processed Date Imaged			
6 EXPLANATION OF CO	PRRECTION		(/ (/ /			
Coca Short Period Covered Ending Date Should be 6/30/2012 not 7/15/2012						
2. Schidule F - Date on Hotline Press Expense should be 6/15/2012 NOT 5/11/2012.						
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. Signature of Candidate or Officeholder						
Sworn to and subscribed before me, by the said John A. HmSler, this the 9th day of October,						
signature of officer administering oath 20 2 , to certify which, witness my hand and seal of office. Signature of officer administering oath One Use Nammack 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



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 John nickname last Amsler	MI A SUFFIX	Date Received Date Received Date Received Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS /POBOX; APT/SUITE#; CITY; P.O. Box 648 Hempste AREA CODE PHONE NUMBER (936) 931-5356	STATE, ZIP CODE PAD, TX77445 EXTENSION	Date Hand-delivered or Postmarked COFER Receipt # Amount Date Processed			
6 CAMPAIGN TREASURER NAME	MS/ARSYMR FIRST Connie NICKNAME LAST AMSler	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO POBOX PLEASE): APT/SUITE#	city: state;	ZIPCODE 10, TX 77445			
8 CAMPAIGN TREASURER PHONE	area code Phone number (979) 826-4866	EXTENSION				
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH	Month Day -7/15/ 6/30/2	7012 2012			
11 ELECTION	Month Day Year ELECTION TYPE 11 6 2012	Runoff U	General Special			
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (Honom) Waller C Precinct 1	bunty CommissionER			
GO TO PAGE 2						

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F		xpense Tran Cont	an Repayment/Reimbursement ansportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee FHER (enter a category not listed above)			
The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F:	JOHN A. Amsle			3 ACCOUNT # (Ethics Commission Filers)			
4 Date 5/23/12	News CitizEN						
\$ Amount (\$) \$85.00	7 Payee address; City; State; Zip Code 350 Business 290 E#7 Hempstead, Tx 77445						
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Tex			rel outside of Texas, complete Schedule T)			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Office nolder name		ffice sought	Office held			
Date 6/15/2012	Payee name Hotline Press		ē-				
Amount (\$)	Payee address; City; State; 1116 Austin Street Hempstead, Tx 774						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this:	schedule) E	Description (If trav	el outside of Texas, complete Schedule T)			
			ffice sought	Office held			
Date 6/19/2012	Payee name GSPC						
Amount (\$)	Payee address; City; State; 7.0. Box 751 Hempstead, Tx 77443	5					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this Expense	schedule) E	Description (If trav	el outside of Texas, complete Schedule T)			
Complete ONLY if direct candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
Date	Payee name		A				
Amount (\$)	Payee address; City; State; 2	Zip Code					
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this			el outside of Texas, complete Schedule T)\			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							