

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

<b>1 ACCOUNT #</b>	<b>2 Total Pages filed:</b>	<b>OFFICE USE ONLY</b>
<b>CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS/MR FIRST MI Adrian	Date Received 10/7/2015
	NICKNAME LAST SUFFIX Garcia	
<b>4 ORIGINAL REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (Specify)	Date Hand-delivered or Date Postmarked
	<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit	Receipt #      Amount
	<input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (Officeholder only)	Legal      Totals
	<input type="checkbox"/> 8th da before election <input type="checkbox"/> Final report	Date Processed
<b>5 ORIGINAL PERIOD COVERED</b>	Month      Day      Year      Month      Day      Year 7/1/2015      THROUGH      9/24/2015	Date Imaged

**6 EXPLANATION OF CORRECTION**  
 The report that we filed on 10-5-15 was an incorrect version of the Data Collection Tool. This report updates the version to the most current version.

**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.

\_\_\_\_\_  
Adrian Garcia  
Signature of Candidate or Officeholder

AFFIX NOT STAMP / SEAL ABOVE

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      Print 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**

