

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI			
		NICKNAME LAST SUFFIX		CAMERON COUNTY DEPARTMENT OF ELECTIONS VOTER REGISTRATION	
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		SEP 12 2018 RECEIVED BY: <i>Quait</i> Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 1 / 1 / 18 THROUGH 1 / 25 / 18		Receipt # Amount \$ Date Processed Date Imaged	

6 EXPLANATION OF CORRECTION

Filing Fee origin \$ 800.00 Tad Hesse (Republican Party)
 \$ 400.00 Robert Sanchez
 \$ 1200.00 Total

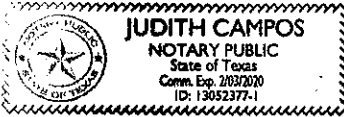
7 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE


 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Robert A. Sanchez, this the 12th day of Sept., 2018, to certify which, witness my hand and seal of office.

 Judith Campos 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**