

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

AUSTIN CITY CLERK
RECEIVED
FORM COR-C/OH
2014 OCT 21 PM 4 49

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ann	MI	Date Received		
	NICKNAME	LAST Kitchen	SUFFIX			
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			Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	07	01	2014	09	25	2014

6 EXPLANATION OF CORRECTION

Original COH reported a \$50 contribution on 9/25/2014 from Michele Rogerson Lynch. This amendment is for the purpose of correcting an error on the name of the contributor, which should have read Michele Rogerson Lynch and John Lynch.

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.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ann Kitchen, this the 21st day of October.

2014, to certify which, witness my hand and seal of office.

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**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 34/43 Report: 36/59

2 FILER NAME Kitchen, Ann

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

09/25/2014

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Roach, Mary Margaret

6 Contributor address; City; State; Zip Code
9000 Queenswood Dr
Austin, TX 78748-5228

7 Amount of
contribution (\$)

\$25.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robertson, Charles

Contributor address; City; State; Zip Code
1010 Oak Meadow Dr
Dripping Springs, TX 78620-3949

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/20/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Eddie

Contributor address; City; State; Zip Code
PO Box 2436
Austin, TX 78768-2436

Amount of
contribution (\$)

\$150.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rodriguez, Jim & Rita

Contributor address; City; State; Zip Code
5117 Prairie Dunes Dr
Austin, TX 78747-1473

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rogerson Lynch, Michelle

Contributor address; City; State; Zip Code
2634 Cascade Falls Dr
Austin, TX 78738-5315

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)