

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

pg 1 of 2

FORM COR-C/OH

| | | | | | |
|---------------------------------------|--|--|--|--|--|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: <u>2</u> | | OFFICE USE ONLY | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR FIRST MI | | | |
| | | NICKNAME LAST SUFFIX | | Date Hand-delivered or Date Postmarked | |
| 4 ORIGINAL REPORT TYPE | | <input checked="" 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 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 | | Receipt # Amount \$ | |
| 5 ORIGINAL PERIOD COVERED | | Month Day Year THROUGH Month Day Year | | Date Processed | |
| | | <u>07 / 01 / 2015</u> THROUGH <u>12 / 31 / 2015</u> | | Date Imaged | |

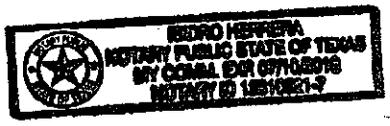
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 AUSTIN CITY CLERK

6 EXPLANATION OF CORRECTION
 1. Schedule I, pg 2 of 2, date 12/12/2015, payment amount is \$2,334.06
 2. Schedule A1, added 2 contributions from Joe & Mary Petronis

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.



Sidro Herrera
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Donald Shelby Zimmerman, this the 15th day of January, 2016, to certify which, witness my hand and seal of office.

[Signature] Sidro Herrera Notary Public
 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**

MONETARY POLITICAL CONTRIBUTIONS PS 2 of 2 **SCHEDULE A1**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME Don Zimmerman 3 Filer ID (Ethics Commission Filers)

| | | |
|--|--|--|
| 4 Date <u>7/8/2015</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Petronis</u> | 7 Amount of contribution (\$) <u>\$350.01</u> |
| 6 Contributor address; City; State; Zip Code <u>14602 Sandy Side, Austin, TX 78728</u> | | |

8 Principal occupation / Job title (See Instructions) Staff Director 9 Employer (See Instructions) City of Austin

| | | |
|--|---|--|
| Date <u>7/8/2015</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mary Petronis</u> | Amount of contribution (\$) <u>\$350.01</u> |
| Contributor address; City; State; Zip Code <u>14602 Sandy Side, Austin, TX 78728</u> | | |

Principal occupation / Job title (See Instructions) Teacher Employer (See Instructions) DISD

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

| | | |
|--|---|-----------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.