## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

	<del></del>		i		
1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR FIRST  CLOUD  NICKNAME  LAST	CLA C SUFFIX	Date Received		
4 ORIGINAL REPORT TYPE	January 15 Ru  July 15 Exi  30th day before election 151	7	CITY CLERK DEPT 2020 JAN 22 PM2:22  Date Hand-delivered or Date Postmarked  Receipt # Amount \$		
5 ORIGINAL PERIOD COVERED	Month Day Year 12 / C / 2019 TH	12 / 01 / 201	Date Processed  Date Imaged		
5 EXPLANATION OF CORRECTION KIND CONTRIBUTIONS: Upt from AUS Marketing and mailing services enange to Rick See burger 6526 Jim De Groat Dr. 79912					
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					
Swom to and subscribed before me, by the said (60/11/12/12 (2011)) to certify which, witness my hand and seal of office.  Signature effoliate 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					

# City Clerk Dept. 12/6/2019 4:51:11 PM

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
<sup>2</sup> FILER NAME  Mrs. Claudia Lizette Rodriguez			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#			8 Amount of Contribution \$ 9 In-kind contribution description Post Card Service 3395	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employe	Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#)		Amount of In-kind contribution Contribution \$ description	
~	Contributor address; City; State; Zip Cod	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (If any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Φ.			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				