

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			
		Mrs. Claudia Lizette		CITY CLERK DEPT 2020 JAN 16 PM 1:24	
		NICKNAME LAST SUFFIX		Date Hand-delivered or Date Postmarked	
		Rodriguez		Receipt # Amount \$	
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 type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED		Month Day Year THROUGH Month Day Year		Date Processed	
		12 / 07 / 19 THROUGH 1 / 15 / 2020		Date Imaged	

6 EXPLANATION OF CORRECTION

Runoff box was checked off instead of 8th day before election.

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.



Claudia Rodriguez
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Claudia Lizette Rodriguez this the 16th day of January 2020, to certify which, witness my hand and seal of office.

Adriana Rosas Adriana Rosas 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Claudia Lizette NICKNAME LAST SUFFIX Rodriguez	OFFICE USE ONLY							
		Date Received 1/15/2020 10:07:41 PM							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 11537 Laura Marie Dr. El Paso TX, 79936								
<input type="checkbox"/> Change of Address									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 6674525								
		Date Hand-delivered or Date Postmarked							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Maria NICKNAME LAST SUFFIX Guillen	Receipt #	Amount \$						
		Date Processed							
		Date Imaged							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5004 Andes Dr. El Paso TX, 79904								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 8734698								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">Month Day Year</td> <td style="text-align: center; border: none;">THROUGH</td> <td style="text-align: center; border: none;">Month Day Year</td> </tr> <tr> <td style="text-align: center; border: none;">12/07/2019</td> <td style="text-align: center; border: none;"></td> <td style="text-align: center; border: none;">01/15/2020</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	12/07/2019		01/15/2020
Month Day Year	THROUGH	Month Day Year							
12/07/2019		01/15/2020							
11 ELECTION	ELECTION DATE Month Day Year 01/25/2020	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) District 6 City Rep							
GO TO PAGE 2									

City Clerk Dept.
1/16/2020 7:43:24 AM