

CORRECTION AFFIDAVIT FOR FORM COR-DAILY-C C/OH CANDIDATE/OFFICEHOLDER DAILY PRE-ELECTION REPORT

1 Filer ID (Ethics Commission Filers) 00000061	2 Total pages filed: 1 of 4	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI Mrs. Amanda ----- NICKNAME LAST SUFFIX Cunningham	Date Received ELECTRONICALLY FILED 10/30/2024
4 DATE ORIGINAL REPORT FILED	Month Day Year 10/30/2024	Date Hand-delivered or Postmarked Receipt # Amount
5 EXPLANATION OF CORRECTION		Date Processed Date Imaged

Removed Reported Candidate's personal money spend with husband name, which is not required.
 Contribution's under \$1,080.00

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Mrs. Amanda Cunningham

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____, this the _____ day of _____, 20_____, 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**

CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT

FORM DAILY-C C/OH

1 Filer ID (Ethics Commission Filers) 00000061		2 Total pages filed: 2 of 4		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST		MI	Date Received ELECTRONICALLY FILED 10/30/2024
	Mrs.	Amanda			
	NICKNAME	LAST		SUFFIX	Date Hand-delivered or Postmarked
		Cunningham			Receipt #
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				Amount
					Date Processed
5 OFFICE SOUGHT	City Representative District District 5 El Paso				Date Imaged

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 3/4
2 FILER NAME Cunningham, Amanda (Mrs.)		3 Filer ID (Ethics Commission Filers) 00000061
4 Date 10/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Correa, Clarissa	7 Amount of Contribution (\$) \$103.00
6 Contributor address; City; State; Zip Code TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Breana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Linda	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin , Lorie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chicago, IL 60619		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kitties-Joyner, Keyshun	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code TX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 4/4
2 FILER NAME Cunningham, Amanda (Mrs.)		3 Filer ID (Ethics Commission Filers) 00000061
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayhew, Antonia	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer , Athomas	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rone , Aquella	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodcraft , Ryan	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code El Paso, TX 79938	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)