CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		ission Filers)		2 Total pages filed:			OFFICE USE ONLY			
	CANDIDATE / OFFICEHOLDER NAME ORIGINAL REPORT TYPE	MS / MRS / MR NICKNAME January 15	KXDC LAST Runc	<u> </u>	Other	SUFFIX (specify)	Date Received	OTTY SECRETARY'S O	7017 MFR 20 PM	A CHIVED
		July 15 30th day before election 8th day before election	15th appo	eeded \$500 limi day after treas pintment (office	urer holder only)		Date Hand-deliver Receipt #	ed b Da	ter Rostmari	1000000
Э	ORIGINAL PERIOD COVERED	Month Day Yes		ROUGH	12/3	Day Year	Date Imaged			
6	EXPLANATION OF CO	RRECTION								
7	AFFIDAVIT	re	port is	true and	correct.	alty of perjury,	that this corr	ected		
	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 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.									
Sworn to and subscribed before me, by the said Roque Vela, Tr., this the 2017, to certify which, witness my hand and seal of office.										
:-	Jugany S. Hanklin Tiffany L. Franklin Deputy City Secretary IV 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 FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1						
The C/OH Instruction G	uide explains how to complete		Filer ID (Ethics	Commission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	क्षा प्यूप <i>र</i>		Mí	OFFICE	USEONLY
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4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT SUIT BY LO VIELEN		STATE	; ZIP CODE		
Change of Address	AREA CODE PHONE N	<u> 1x /</u>	8001			
5 CANDIDATE/ OFFICEHOLDER PHONE	(954) 42-3	UMBER	EXTEN	ISION	Date Hand-delivered	or Dale Postmarked
6 CAMPAIGN TREASURER		EXISS		MI K	Recalpt #	Amount \$
NAME	NICKNAME L	AST		SUFFIX	Date Processed	
	l'é	=4			Date imaged	
7 CAMPAIGN TREASURER ADDRESS {Residence or Business}	STREET ADDRESS (NO PO BOX P)	PASE; APTYSUTT	E #; GITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE N		EXTEN	SION		
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	July 15	8th day before election	on 🗌 E	xceeded \$500 limit	Final Repor	L(Attach C/OH - FR)
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12 OFFICE	OFFICE HELD (If any)	xuveil	13 OFFIC	E SOUGHT (II know	1)	
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Regue	Vehl Ju	5 File ID (Ethics Commission Filers)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S						
	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
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17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ					
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$4/00,-				
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 265,20				
, <i>, , .</i>	\$ 5680.2						
CONTRIBUTION BALANCE		POLITI (&L CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 4/306.				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALLOUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD						
18 AFFIDAVIT							
			perjury, that the accompanying report is				
true and correct and ingludes all information required to be reported by me under Title 15, Election Code.							
Notary Public, State of Texas S My Commission Expires							
July 22, 2017							
Signature of Candidate or Officeholder							
AFFIX NOTARY STAMP/ SEALABOVE							
Provided To Ship							
Sworn to and subscribed before me, by the said toque Ulla, JV., this the							
day of Inumur 20 14, to certify which, witness my hand and seal of office.							
Luby Lu Contras Poby La Contract Potan							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

SUBTOTALS - C/OH	FORM C/OH COVER SHEET PG 3
19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4/00.
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1/1
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 1/1/4
4. SCHEDULE E: LOANS	sNA
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 280
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1/10
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1/10
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU RETURNED TO FILER	TIONS \$ M/A

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
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Date Full name of contributor out-of-state PAC (10#: Linchia Luled) Contributor address; City: State; Zip Code 146 Phocolix Edward, TX 7854 Principal occupation / Job title (See Instructions) Employer (See Instru	Amount of contribution (\$)
Date Full pame of contributor •ut-ef-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)
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7 Payee address; City; S	State, Zip Code	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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