# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1 Filer ID (Ethics Comn	nission Filers)	<b>2</b> To	tal pages filed:	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR  NICKNAME  L	ell	SUFFIX	Date Received	
4 ORIGINAL REPORT TYPE	January 15  July 15  30th day before election  8th day before election	Runoff  Exceeded \$5  15th day afte appointment Final report		Date Hand-delivered by Date Postmarked Receipt # Amount S	
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Yes	Date Processed  Date Imaged	
6 EXPLANATION OF CORRECTION					
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 STA	AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				
Sworn to and subscribe	ed before me, by the saidR	que Velo	1, <u>3r.</u> , this the	25th day of April	
20 17, to certify	which, witness my hand and sea	al of office.		M	
Signature of Officer ac	Ministering oath	Printed name	ity Secretary I of officer administering oath	D liffany L. Tranklin Title of officer administering oath	
Re		-	The Campaign Finance and Explain Corrections	•	

1	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	aulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MIL. HOUR	MI	OFFICE USE ONLY
NAME	NICKNAME LAST /	J.	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / BOX; APT / SUITE 4; / CO	STATE: ZIP CODE	
Change of Ad dr ess	L. W. Educts	180°(1	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHINE NUMBER (954) 462-3008	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MAS/MA FIRST	/ /M·	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Vell		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL 2906 VICLUX KKY	NTE #; CITY; STATE;	ZIP CODE
(Residence or Business)	Likely Tx	7804/	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (954) 124-245	EXTENSION	
9 REPORT TYPE	January 15 30th day before elected July 15 8th day before elected		15th day after eempaign teasurer appeintment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD	Month Bay Year	Month	Day Year
COVERED	1/1/244		30/2016
11 ELECTION	Month Day Year Primary General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (If any)  Ly livere.	13 OFFICE SOUGHT (If known	.)
	GO ТО	PAGE 2	

1		CEHOLDER E REPORT	FORM C/OH COVER SHEET PG 2
14 C/OH NAME	Rusu		5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR I	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITT DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	the way the form the same that you proper
	GENERAL	COMMITTEE ADDRESS	
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	,
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14/250:-
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	4. TOTAL	POLITICAL EXPENDITURES	\$ 9.133.03
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OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	1E \$ 3/1
18 AFFIDAVIT	RUBY LEE CONT Notory Public: Stot My Commission July 22: 20 P/SEALABOVE	Expires	
Sworn to and subscr day of YOULM.	1	by the said Royal Villa Jr. to cortify which, witness my hand and seal of office.	this the SOH
Halay Kul	Centreias.	Debry Lee Contract	Dotony_
Signature of officer a	dministering oath	Printed name of officer administering eath	Title of officer administering eath

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	SUB	TOTALS - C/OH		FORM C/OH SHEET PG 3
19	FILER N	AME	20 Filer ID (Ethics Co	mmission Filers)
21		JLE SUBTOTALS F SCHEDULE	·	SUBTOTAL AMOUNT
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2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1/4
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1/1/
4.		SCHEDULE E: LOANS		\$ 2/1
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 5733.38
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		5 N/1.
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ N/N
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1/1/2
<b>9</b> .		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUR	NDS	\$ 11/4
10.		SCHEDULE H; PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$1/1
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL. CO	NTRIBUTIONS	\$ 1/1
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 1/1
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schodule A1:
2 FILER NAME ROSCH Veld Ja	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 1 Doll-of-state PAC (IDE:////////////////////////////////////	7 Amount of contribution (\$)
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Date  Full name of Antributor  Out-of-state PAC (IDW:)  MALK MALLINK Z  Contributor address;  City; State; Zip Code  NAL Rocio At Later To 7804/  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)
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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
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Date  Full name of contributor  Milli Veld  Contributor address:  City: State: Zip Code  William Eyech Mach, Tx 7604/  Principal occupation / Job little (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

www.						
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Centributions/Donations Made By Candidate/Officeholder/Political Gredt Card Payment	Event Expense Fees Food/Beverage Expense Offt/Awards/Memorials Ex Legal Services	Loan Repayme Office Overhe Polling Expense Printing Exper	ent/Reimbursament ad/Rental Expense se nse as/Contract Labor	Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Or District Other (enter a category not listed above)		
	2 FILER NAME KOOK	e Vell	Tie	3 Filer ID (Ethics Commission Filers)		
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						