

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) <i>n/a</i>		2 Total pages filed: <i>4</i>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR			
		FIRST		MI	
		NICKNAME		SUFFIX	
4 ORIGINAL REPORT TYPE		LAST		BY: <i>Audrey</i>	
		SUFFIX		RECEIVED	
		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		CAMERON COUNTY DEPARTMENT OF ELECTIONS & VOTER REGISTRATION 1:32 PM JAN 09 2019	
		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year		Receipt #	
		07/01/2018 THROUGH 12/31/2018		Amount \$	
		Month Day Year		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
 On schedule A1 (Monetary Political Contributions) I left out the principal occupation/job title blank. I've attached a corrected page which includes the information.

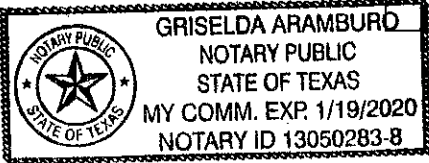
7 AFFIDAVIT

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

Maria Esther Sorola
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Maria Esther Sorola* this the *9th* day of *January* 20 *19*, to certify which, witness my hand and seal of office.

Griselda Aramburo
 Signature of officer administering oath

Griselda Aramburo
 Printed name of officer administering oath

Notary
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
 Needed To Report And Explain Corrections**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Maria Esther Sorola

3 Filer ID (Ethics Commission Filers)

n/a

4 Date

12/10/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Law office of John Williamson

6 Contributor address;

City; State; Zip Code

815 Ridgewood St
Brownville, TX 78520

7 Amount of contribution (\$)

\$1000.00

8 Principal occupation / Job title (See Instructions)

attorney

9 Employer (See Instructions)

Date

12/19/18

Full name of contributor

out-of-state PAC (ID#: _____)

Linebarger, Goggan, Blair & Sampson

Contributor address;

City; State; Zip Code

P.O. box 17428
Austin, TX 78760

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

attorneys at law

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.