FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FOR CANDIDATE/OFFICEHOLDER							
1 ACCOUNT#		2 Total pages filed:	OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MCS. NICKNAME	Bernadette W LAST SUFFIX	Date Received				
4 ORIGINAL REPORT TYPE	January 15 July 15 30th day before election 8th day before election	Runoff Other (specify) Exceeded \$500 limit on 15th day after treasurer appointment (officeholder only)	Date Hand-delivered or Postmarked Receipt # Amount !:				
5 ORIGINAL PERIOD COVERED	7 / 15 /	Year Month Day Year 2010 THROUGH 1/15/2011	Date Processed				
E inadve reports. during +	No Contri	corried over totals. Dutions and expenses Period.	From previous 5 took place				
7 AFFIDAVIT		I swear, or affirm, under penalty of perjury, the report is true and correct.	hat this corrected				
		Check ONLY if applicable: Semiannual reports: This report is an amsemiannual report due on or after Septement/correction is filed on or after the eight report was filed, I swear, or affirm, that the in good faith and without an intent to misles information contained in the report.	mber 1, 2011. If amend- hth day after the original original report was made				
GINA CASTILLO Notary Public, State of Texas Comm. Exp. 12-04-14		Other reports (excluding semiannual reports due on or after September 1, 2011): 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. Signature of Candidate or Officeholder					
Sworn to and subscribed before me, by the said BERNADETTE NUTALL this the 27TH day of JUNE							
201 12 Ato certify which, witness my hand and seal of office. NOTARY PUBLIC							
Signature of officer admir	nistering 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 REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 AC	COUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE COMMITTEE NAME NA COMMITTEE ADDRESS						
	SPECIFIC						
additional pages		COMMITTEE CAMPAIGN T	REASURER NAME				
		COMMITTEE CAMPAIGN	TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				\$ \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 8			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				\$ 8		
	4. TOTAL POLITICAL EXPENDITURES			\$ 8			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTI DRTING PERIOD	\$425.34				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	\$ 0				
18 AFFIDAVIT							
				des all inform	y, that the accompanying report nation required to be reported by		
GINA CASTILLO Notary Public, State of Texas Comm. Exp. 12-04-14 Signature of Candidate or Officeholder							
AFFIX NOTARY STAM	P / SEAL ABOVE						
Sworn to and subscribed before me, by the said BERNADETE NUTAL , this the 27TH day of JUNE , 20 12 , to certify which, witness my hand and seal of office.							
Diva Castillo GINA CASTILLO NOTARY PUBLIC							
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							