

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR			
		FIRST		MI	
		LAST		SUFFIX	
4 ORIGINAL REPORT TYPE		Date Hand-delivered or Date Postmarked		Receipt #	
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Amount \$	
5 ORIGINAL PERIOD COVERED		Date Processed		Date Imaged	
Month Day Year		Month Day Year			
01 / 18 / 2023		THROUGH 04 / 06 / 2023			

RECEIVED
 DALLAS, TX
 APR 27 AM 11:13

6 EXPLANATION OF CORRECTION

Date Correction

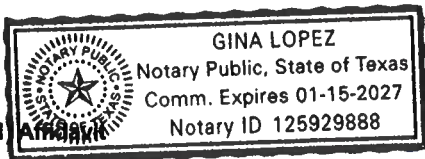
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

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.

Joyce Foreman
Signature of Candidate/Officeholder



Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by JOYCE FOREMAN this the 27TH day of APRIL.

2023; to certify which, witness my hand and seal of office.

Gina Lopez Signature of officer administering oath GINA LOPEZ Printed name of officer administering oath NOTARY PUBLIC Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Signature of Candidate/Officeholder (Declarant)

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