

FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received				
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Postmarked				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #				
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Amount				
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Date Imaged				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		07	01	2014	THROUGH	09	25	2014

6 EXPLANATION OF CORRECTION

Election Date incorrectly entered as "05/04/2014". The election date for this report is 11/04/2014.

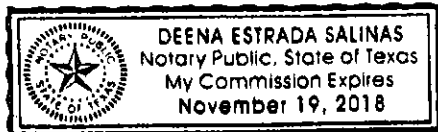
7 AFFIDAVIT

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

Check ONLY if applicable:

☐ **Semiannual reports:** This report is an amendment/correction to a semiannual report due on or after **September 1, 2011**. If amendment/correction is filed on or after the eighth day after the original report was filed, 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** (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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daniel Buda, this the 27th day of October.

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

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**