

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

pg 1 of 2

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received <b>2016 JAN 15 PM 2:48</b> <b>AUSTIN CITY CLERK RECEIVED</b>		
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____			
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit				
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)				
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report				
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>07 / 01 / 2015</u>			THROUGH	<u>12 / 31 / 2015</u>	
Date Hand-delivered or Date Postmarked						
Receipt #						
Amount \$						
Date Processed						
Date Imaged						

6 EXPLANATION OF CORRECTION  
 1. Schedule I, pg 2 of 2, date 12/12/2015, payment amount is \$2,334.06  
 2. Schedule A1, added 2 contributions from Joe & Mary Petronis

## 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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Donald Shelly Zimmerman, this the 15<sup>th</sup> day of January, 2016, 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**

# MONETARY POLITICAL CONTRIBUTIONS

PS 2 of 2

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Don Zimmerman</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>7/8/2015</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Joe Petronis</i>	7 Amount of contribution (\$) <i>\$350.01</i>
6 Contributor address; City; State; Zip Code <i>14602 Sandy Side, Austin, TX 78728</i>		
8 Principal occupation / Job title (See Instructions) <i>Staff Director</i>		9 Employer (See Instructions) <i>City of Austin</i>
Date <i>7/8/2015</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mary Petronis</i>	Amount of contribution (\$) <i>\$350.01</i>
Contributor address; City; State; Zip Code <i>14602 Sandy Side, Austin, TX 78728</i>		
Principal occupation / Job title (See Instructions) <i>Teacher</i>		Employer (See Instructions) <i>DISD</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		