# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

| 1  | Filer ID (Ethics Comm   | ission Filers)  | 2 Total pages filed:  |  | OFFICE USE ONLY |   |                      |  |
|--|---|---|---|--|-----------------|---|----------------------|--|
| 3  | CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS/(IRS) MR  MRS.  NICKNAME   | FIRST POC   | oja  | MI              | Date Received  OCC RECEIVED AT JAN 16 '20 AM10:35           |                      |  |
| 4  | ORIGINAL REPORT<br>TYPE   | January 15 July 15 30th day before election 8th day before election   | Runoff Other (specify)  Exceeded \$500 limit  15th day after treasurer appointment (officeholder only)  |  |                 | Date Hand-delivered or Date Postmarked  Receipt # Amount \$ |                      |  |
| 5  | ORIGINAL PERIOD<br>COVERED  | Month         Day         Year         Month         Day         Year           11         22         2019         THROUGH         12         31         2019 |   | Date Imaged                                    |                 |   |                      |  |
|  | Amended total political contributions as of the last reporting date.<br>Specified Treasurer's phone number and period covered for specificity and accuracy. |   |   |  |                 |   |                      |  |
| 7  | AFFIDAVIT  I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  |   |   |  |                 |   | ed                   |  |
|  | Check ONLY if applicable:   |   |   |  |                 |   |                      |  |
| RIA SATISH ULLAL Notary Public, State of Texas Comm. Expires 10-06-2023 Notary ID 130396427  |   |   | 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 other states or other states of Candidate or other states of Candidate or other states o |   |   |   |  | Officeholder    |   |                      |  |
| Sworn to and subscribed before me, by the said   |   |   |   | Pooja Sethi, this the 15th day of January.     |                 |   |                      |  |
| _  | 20_20, to certify Signature of officer add  | which, witness my hand an   |   | ce.  Lia Ulla Line I name of officer administe | ring oath       | Title of officer  | r administering oath |  |
|  | Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections   |   |   |  |                 |   |                      |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G             | 2 Total pages filed: RU 26 2                |                             |   |  |  |  |  |
|------------------------------------|---|-----------------------------|---|--|--|--|--|
| 3 CANDIDATE/                       | MS / MRS / MR FIRST                         | MI                          | OFFICE USE ONLY                           |  |  |  |  |
| OFFICEHOLDER<br>NAME               | Mrs. Pooja                                  |                             | Date Received                             |  |  |  |  |
|                                    | NICKNAME LAST                               | SUFFIX                      | Date Necewood                             |  |  |  |  |
|                                    | Sethi                                       |                             |   |  |  |  |  |
| 4 CANDIDATE/                       | ADDRESS / PO BOX; APT / SUITE #;            | CITY; STATE; ZIP CODE       |   |  |  |  |  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS | 7744 Yaupon Drive, Au                       | ustin, TX 78759             |   |  |  |  |  |
| Change of Address                  |   |                             |   |  |  |  |  |
| 5 CANDIDATE/                       | AREA CODE PHONE NUMBER                      | EXTENSION                   |   |  |  |  |  |
| OFFICEHOLDER<br>PHONE              | ( 646) 713 8510                             | -                           | Date Hand-delivered or Date Postmarked    |  |  |  |  |
| 6 CAMPAIGN                         | MS / MRS / MR FIRST                         | MI                          | Receipt # Amount \$                       |  |  |  |  |
| TREASURER<br>NAME                  | Mr Ravi                                     |                             | Date Processed                            |  |  |  |  |
|                                    | NICKNAME LAST                               | SUFFIX                      | Date Imaged                               |  |  |  |  |
|                                    | Vemulapai                                   |                             |   |  |  |  |  |
| 7 CAMPAIGN                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SI | UITE #; CITY;               | STATE; ZIP CODE                           |  |  |  |  |
| TREASURER<br>ADDRESS               | 8310 Adirondack Trail,                      | Austin,                     | TX 78759                                  |  |  |  |  |
| (Residence or Business)            | ,   |                             |   |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
| 8 CAMPAIGN                         | AREA CODE PHONE NUMBER                      | EXTENSION                   |   |  |  |  |  |
| TREASURER                          |   |                             |   |  |  |  |  |
| PHONE                              | <sup>(</sup> 404 <sup>)</sup> 556 5652      |                             |   |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
| 9 REPORT TYPE                      | January 15 30th day before e                | election Runoff             | 15th day after campaign                   |  |  |  |  |
|                                    | January 15 30th day before e                | Transm                      | treasurer appointment (Officeholder Only) |  |  |  |  |
|                                    | July 15 8th day before ele                  | ection Exceeded \$500 limit | Final Report (Attach C/OH - FR)           |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
| 10 PERIOD<br>COVERED               | Month Day Year                              | Month                       | Day Year                                  |  |  |  |  |
| COVERED                            | 11/ 22/2019                                 | THROUGH 12                  | 31 /2019                                  |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
| 11 ELECTION                        | ELECTION DATE                               | ELECTION TYPE               |   |  |  |  |  |
|                                    | Month Day Year Primary                      | Runoff Other Description    |   |  |  |  |  |
|                                    | 11 / 03 / 2020 <b>G</b> General             | Special                     |   |  |  |  |  |
| 12 OFFICE                          | n)  |                             |   |  |  |  |  |
| IZ OFFICE                          | OFFICE HELD (if any)                        | 13 OFFICE SOUGHT (if know   |   |  |  |  |  |
|                                    | Austin City Council District 10             |                             |   |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
|                                    |   |                             |   |  |  |  |  |
| GO TO PAGE 2                       |   |                             |   |  |  |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME   |                      | <b>15</b> Fi  | ler ID (Ethics Commission Filers) |  |  |  |  |  |
|--|----------------------|---|-----------------------------------|--|--|--|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S)  | SUPPORT THE CAND     | MADE BY POLITICAL COMMITTEES TO<br>THE CANDIDATE'S OR OFFICEHOLDER'S<br>RMATION ONLY IF THEY RECEIVE NOTICE |                                   |  |  |  |  |  |
|  | GENERAL SPECIFIC     | COMMITTEE NAME  COMMITTEE ADDRESS   |                                   |  |  |  |  |  |
| Additional Pages   |                      | COMMITTEE CAMPAIGN TREASURER NAME   |                                   |  |  |  |  |  |
|  |                      | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                                   |  |  |  |  |  |
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL PLEDG CONTR | \$ Itemized   |                                   |  |  |  |  |  |
|  | 2. TOTAL (OTHER      | \$ 15,575.00  |                                   |  |  |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNLES       | \$0   |                                   |  |  |  |  |  |
|  | 4. TOTAL             | \$ 0  |                                   |  |  |  |  |  |
| CONTRIBUTION<br>BALANCE  |                      | POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD  | \$ 20,575.00                      |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   |                      | PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br>AY OF THE REPORTING PERIOD                           | \$ 5,000.00                       |  |  |  |  |  |
| I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  RIA SATISH ULLAL Notary Public, State of Texas Comm. Expires 10-08-2023 Notary ID 130396427 Signature of Candidate or Officeholder |                      |   |                                   |  |  |  |  |  |
| Sworn to and subscribed before me, by the said POOLA Sothi this the 15th   |                      |   |                                   |  |  |  |  |  |
| Sworn to and subscribed before me, by the said YOOJA SCTM, this the 15th day of JONUAY, 20 20, to certify which, witness my hand and seal of office.   |                      |   |                                   |  |  |  |  |  |
| Pin  | Uhl                  | Ria Ullal   | Notary                            |  |  |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath   |                      |   |                                   |  |  |  |  |  |