

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) |                                   |     |      |
|                                 | <input checked="" 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 |
|                                 | 1 / 1 / 14                                        |                                                                                   |                                          | THROUGH 6 / 30 / 14               |     |      |
|                                 | Receipt #                                         |                                                                                   | Amount                                   |                                   |     |      |
| Date Processed                  |                                                   |                                                                                   |                                          |                                   |     |      |
| Date Imaged                     |                                                   |                                                                                   |                                          |                                   |     |      |

FILED  
 JOHN F. WARREN  
 COUNTY CLERK  
 TARRANT COUNTY  
 2014 JUL 21 PM 1:48

6 EXPLANATION OF CORRECTION  
*Need to include expenditures for usage of Paypal system*

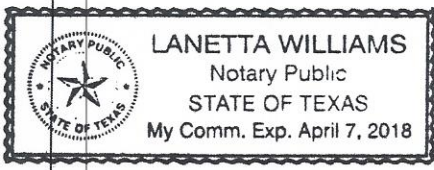
7 AFFIDAVIT

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.



*Lanetta Benson*  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *D. Metria Benson* this the *21<sup>st</sup>* day of *July*, 20*14*, to certify which, witness my hand and seal of office.

*Lanetta Williams* Signature of officer administering oath  
 Lanetta Williams Printed name of officer administering oath  
 Notary Title of officer administering oath

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

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME *D'Metria Benson* 3 ACCOUNT # (Ethics Commission Filers)

4 Date *1-24-14* 5 Payee name *Pay Pal Corp.*

6 Amount (\$) *\$17.55* 7 Payee address; City; State; Zip Code  
*2211 North First Street  
 San Jose, California 95131*

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) *Fees* (b) Description (If travel outside of Texas, complete Schedule T)

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED