

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST Faith MI			
		NICKNAME LAST Johnson SUFFIX		Date Hand-delivered or Date 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		Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 01 / 01 / 2017 THROUGH 06 / 30 / 2017		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION: Contribution listed as from Albert Record was actually from Barbara Record.

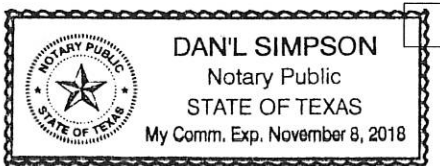
7 AFFIDAVIT

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.



[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Faith Johnson, this the 26th day of July, 2017, to certify which, witness my hand and seal of office.

Dan'l Simpson Dan'l Simpson Notary Public
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

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/91 Rpt: 70/104
2 FILER NAME Johnson, Faith		3 Filer ID
4 Date 03/27/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan, Bob (Mr.) <hr/> 6 Contributor address; City; State; Zip Code 5514 Merrimac Ave Dallas, TX 75206	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Reagan, McLain, & Hatch, LLP		9 Employer (See Instructions) Attorney
Date 06/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reaves, John (Mr.) <hr/> Contributor address; City; State; Zip Code 1820 W Mockingbird Ln Dallas, TX 75235	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Smokey John's BBQ
Date 06/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Record, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code 910 Stillmeadow Dallas, TX 75232	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR
Date 06/27/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Record, Loquita (Ms.) <hr/> Contributor address; City; State; Zip Code 4912 Thrush Dallas, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR
Date 06/24/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Record, Rotunda (Ms.) <hr/> Contributor address; City; State; Zip Code 1611 Cuchara Ln Arlington, TX 76018	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) NR		Employer (See Instructions) NR