

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>	OFFICE USE ONLY  Date Received  COUNTY ELECTIONS  2019 JAN 29 03:51 PM  Date Hand-Delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI	<u>Pamela</u> <u>Smith</u> <u>han</u> NICKNAME      LAST      SUFFIX <u>"Pamela Luther"</u>		
	4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <u>annual unexpended contributions</u> <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 <u>C/OH-UC (Filed 1-15-19)</u>		
5 ORIGINAL PERIOD COVERED	Month      Day      Year	Month      Day      Year		
	<u>1 / 1 / 18</u>	THROUGH		<u>12 / 31 / 18</u>

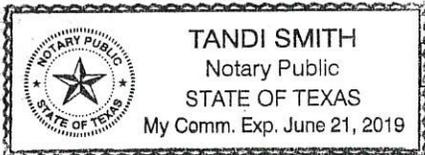
6 EXPLANATION OF CORRECTION  
 Item 6.1 on the C/OH-UC was unintentionally left blank. Attached correction inserts the amount of ~~0~~ 2021.44 in 6.1 (and #0 in 6.2) Correction is made on the date of discovery. Please waive late filing fees, if any.

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.



Pamela Luther  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pamela Luther, this the 29<sup>th</sup> day of January, 2019, to certify which, witness my hand and seal of office.

Tandi Smith      Tandi Smith      Notary  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

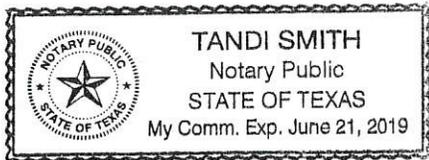
**Remember To Attach Any Part Of The Campaign Finance Report Form  
 Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI <i>Pamela Smitham</i>	OFFICE USE ONLY Date Received  COUNTY ELECTIONS  2019 JAN 09 05:53 PM Date Hand-Delivered or Date Postmarked  RECEIVED DALLAS Amount \$
	NICKNAME LAST SUFFIX <i>"Pamela Luther"</i>	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input checked="" type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>1416 Elmwood Blvd. Dallas, TX 75224</i>	Date Processed
	4 REPORT TYPE <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	5 PERIOD COVERED Month Day Year THROUGH Month Day Year <i>1 / 1 / 18 THROUGH 12 / 31 / 18</i>
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ <del>2031.00</del> <i>2021.44</i>
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ <i>0</i>

7 AFFIDAVIT



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.

*Pamela Luther*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Pamela Luther*, this the *29th* day of *January*, 20 *19*, to certify which, witness my hand and seal of office.

*Tandi Smith*  
Signature of officer administering oath

*Tandi Smith*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath