## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	OFFICE USE ONLY
			OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST  HATHLYN LAST	Dilemon suffix	Date Received  7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
4 ORIGINAL REPORT TYPE	July 15 Ex  30th day before election 15 ap	creeded \$500 limit th day after treasurer opointment (officeholder only) nal report	Date Hand-delivered or Date Postmarked  Receipt # Amount \$
5 ORIGINAL PERIOD COVERED	Month Day Year 7 / / / / / 7	Month Day Year HROUGH 12 /31/17	Date Processed  Date Imaged
6 EXPLANATION OF CORRECTION Section 10 - Correcting reporting period			
7 AFFIDAVIT	report is	or affirm, under penalty of perjury, s true and correct. DNLY if applicable:	that this corrected
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.  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said  The said was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said to office.			
Signature of officer administering oath  Printed name of officer administering oath  Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections			