CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)	**2** Total pages filed: 1	**OFFICE USE ONLY**
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs; FIRST: Melissa; MI: H; NICKNAME; LAST: Fleming; SUFFIX	Date Received: JUL 21 '26 PM12:46
4 ORIGINAL REPORT TYPE	☐ January 15 ☑ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded modified reporting limit ☐ 15th day after treasurer appointment (officeholder only) ☐ Final report Other (specify)	Date Hand-delivered or Date Postmarked; Receipt #; Amount $
5 ORIGINAL PERIOD COVERED	Month Day Year: 01/01/2026 THROUGH 06/30/2026	Date Processed; Date Imaged

6 EXPLANATION OF CORRECTION

In unsworn declaration executed date listed as 7/15/26, should be

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. 7/10/26

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 misrepre-sent 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/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL: ANN M FRANKLIN Notary ID #4113239 My Commission Expires October 17, 2026

Sworn to and subscribed before me by Melissa Fleming this the 21st day of July, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Ann Franklin — Printed name of officer administering oath: Ann Franklin — Title of officer administering oath: Notary

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

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