

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	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	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

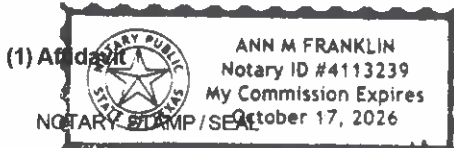
In unsworn declaration created date listed as 7/15/26, should be 7/10/26

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 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/Officeholder



Please complete either option below:

(1) Affidavit 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 _____, 20____ (month) (year)

Signature of Candidate/Officeholder (Declarant)

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