

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH



1 ACCOUNT #

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
DR BYRON
NICKNAME LAST SUFFIX
SOUSA

OFFICE USE ONLY
Date Received

4 ORIGINAL REPORT TYPE

January 15 Runoff Other (specify)
 July 15 Exceeded \$500 limit
 30th day before election 15th day after treasurer appointment (officeholder only)
 6th day before election Final report

OFFICIAL RECORD
Date Hand-delivered or Date Postmarked
CITY SECRETARY
FORT WORTH, TEX
Receipt # Amount

5 ORIGINAL PERIOD COVERED

Month Day Year Month Day Year
01 / 28 / 05 THROUGH 03 / 28 / 05

Legal Totals
Date Processed
Date Imaged

6 EXPLANATION OF CORRECTION AND PENALTY WAIVER/REDUCTION REQUEST

LINES 2, 4 and 5 have been corrected to reflect their actual values. The error was due to a misinterpretation of the directions.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Byron de Sousa this the 15th day of July, 2005.

to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
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: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME BYRON DE SOUSA **16 ACCOUNT # (Ethics Commission filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>DR. BYRON SOUSA FOR City Council</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>7733 BLOSSOM DR, FT. WORTH, TX 76133</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>WALTER W. KESLER</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>3937 ANEWBY WAY, FT. WORTH, TX 76133</u>

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,060 ⁰⁰
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,910 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 220 ⁵⁴
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,116 ¹⁴
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,793 ⁸⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath