

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED

at 4:47 p.m.

1 ACCOUNT #	2 Total pages filed: <u>2</u>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <u>DR</u> <u>BYRON</u> NICKNAME LAST SUFFIX <u>SOUSA</u>	OFFICE USE ONLY Date Received
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4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report
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OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Receipt # _____
Legal _____ Totals _____
Date Processed _____
Date Imaged _____

5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>3 / 29 / 05</u> THROUGH <u>4 / 27 / 05</u>
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6 EXPLANATION OF CORRECTION AND PENALTY WAIVER/REDUCTION REQUEST	<p>Line 5 was modified to reflect its actual value. It previously showed the total amount of contributions for the period, and not the balance in the account.</p>
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7 AFFIDAVIT		
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.		
		Signature of Candidate or Officeholder
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me by <u>Byron de Sousa</u> this the <u>15th</u> day of <u>July</u> , 20 <u>05</u> .		
to certify which, witness my hand and seal of office.		
	Sylvia Glover	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: 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

GENERAL

DR. BYRON SOUSA FOR CITY COUNCIL

SPECIFIC

COMMITTEE ADDRESS

7733 BLOSSOM DR, FT. WORTH, TX 76133

additional pages

COMMITTEE CAMPAIGN TREASURER NAME

WALTER W. KESLER,

COMMITTEE CAMPAIGN TREASURER ADDRESS

3937 ANEWBY WAY, FT. WORTH, TX 76133

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ **1,085⁰⁰**

EXPENDITURE TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ **5,885⁰⁰**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ **734⁶⁷**

4. TOTAL POLITICAL EXPENDITURES

\$ **6,597⁹⁷**

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ **5,080⁸⁹**

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