

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

RECEIVED

OFFICE OF THE CITY SECRETARY
ET. WORTH, TEX
at 4:47p.m.

1 ACCOUNT #

2 Total pages filed: **3(3)**

3 CANDIDATE / OFFICEHOLDER NAME

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

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)
 8th day before election Final report

OFFICIAL RECORD
CITY SECRETARY
ET. WORTH, TEX

5 ORIGINAL PERIOD COVERED

Month Day Year Month Day Year
4 / 28 / 05 THROUGH **6 / 01 / 05**

Legal Totals

Date Processed

Date Imaged

6 EXPLANATION OF CORRECTION AND PENALTY WAIVER/REDUCTION REQUEST

lines 4 and 5 were modified to reflect their actual values. line 4 did not demonstrate an expense of \$750; line 5 showed the total amount of contributions for the period instead of the balance in the account.

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 Byron de Souza 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

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

DR. BYRON SOUSA FOR CITY COUNCIL

COMMITTEE ADDRESS

7733 BLOSSOM DR, FT. WORTH, TX 76133

COMMITTEE CAMPAIGN TREASURER NAME

WALTER W. KESTER

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

\$ **1,275⁰⁰**

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

\$ **8,475⁰⁰**

EXPENDITURE TOTALS

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

\$ **544²⁵**

4. TOTAL POLITICAL EXPENDITURES

\$ **8,391⁰¹**

CONTRIBUTION BALANCE

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

\$ **5,164⁸⁸**

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME **BYRON DE SOUSA** 3 ACCOUNT # (Ethics Commission filers)

4 Date 5/11/05	5 Payee name ROBERT NABORS	7 Amount (\$) 750⁰⁰
6 Payee address; City; State; Zip Code TCC - South Campus 5301 Campus Drive Ft Worth, TX 76119		

8 Purpose of payment (See instructions regarding type of information required.) Substitution for classes at TCC - South	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		

Purpose of payment (See instructions regarding type of information required.)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED