P.O. Box 12070

## FORM COR-C/OH

## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1	ACCOUNT#			2 Total pages filed:		OFFICE	USE ONLY	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Sen	FIRST	eller	MI	Date Received	3 2014	
4	ORIGINAL REPORT TYPE	January 15  July 15		unoff Other	(specify)	Date Hand-delivered	6.01	
	e e e e e e e e e e e e e e e e e e e	30th day before election 8th day before election	a	oth day after treasurer ppointment (officeholder only) inal report		Receipt #	Amount	
5	ORIGINAL PERIOD COVERED	Month Day	Year	HROUGH 2 /22	Day Year	Date Imaged		
6	6 EXPLANATION OF CORRECTION							
	This affidavit is to Correct The omission of							
an in-Kind donation of \$195.00 on 2/3/14.								
7	7 AFFIDAVIT			or affirm, under penals true and correct.	lty of perjury,	that this corre	cted	
			Check (	ONLY if applicable:				
			semian ment/co report v in good	nnual reports: This r nual report due on o prrection is filed on o vas filed, I swear, or a faith and without an i tion contained in the	r after Septer r after the eign ffirm, that the intent to misle	ember 1, 2016 thth day after original report	If amend- the original t was made	
	AFFIX NOTARY ST Sworn to and subscrit	DUENTIN L BLAND NOTARY PUBLIC STATE OF TEXAS COMM. EXP 2/11/17 TAMP / SEAL ABOVE need before me, by the said ertify which, witness my ha	Septem report report retract the or affirm was made and and see a september 2 an	Zeller	or affirm, than business day is inaccura mission in the mature of Candida , this the	at I am filing the sylventry after the date or incomplete report as oriented at the or Officeholde day of January Day Salventry	is corrected te I learned ate. I swear, iginally filed	
	Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections							

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

## SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A:			
2 FILER NAME	Ben Zeller		3 ACCOUNT # (En	thics Commission Filers)		
4 Date  /3/14	5 Full name of contributor    Dale Zuck   6 Contributor address; City; State; Zip Code   2001 E Sasine ST. # 1	208		8 In-kind contribution description (if applicable)  Purchase OF  Ad Sface in		
9 Principal occup	pation / Job title (See Instructions)	Toria, TX /19	The Solid travel outside of Texas, complete Schedule T)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code	•				
			(If travel outside (	of Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See I		Trondo, compete consens.		
Date	Full name of contributor out-of-state PAC(ID#  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		,		of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
Date	Full name of contributor out-ot-state PAC (ID#  Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description (if applicable)		
			(If travel outside	of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of contributor out-of-state PAC (ID#  Contributor address; City; State; Zip Cod		Amount of contribution (\$)	In-kind contribution description (if applicable)		
		Familian (Car		of Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.