

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM **COR-C/OH**
5836

1 ACCOUNT #	2 Total pages filed:
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3 CANDIDATE / OFFICEHOLDER NAME	<input type="checkbox"/> MRS / MR FIRST MI NICKNAME LAST SUFFIX <i>Ronnie Ronald Earle D.</i>	OFFICE USE ONLY Date Received Date Hand-Delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged
	4 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year / / THROUGH / /	TRAFFIC COUNTY CLERK JEFFREY S. GIBSON 22 2:48 RECORD

6 EXPLANATION OF CORRECTION

Attached information included by mistake in 07-15-04 report. It had previously been included in 1-15-04 report.

7 AFFIDAVIT

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

Ronnie Earle
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by *Isabel H. Cerda* this the *21* day of *July*, 2004 to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath
Isabel H. Cerda **ISABEL H. CERDA**
 Notary Public, State of Texas
 My Commission Expires **OCTOBER 3, 2008**

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

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A **1 of 1**

2 FILER NAME Ronald Earle 3 ACCOUNT # _____

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Information unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.</u>	7 Amount of contribution (S) <u>\$500</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.</u>	7 Amount of contribution (S) <u>\$250</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.</u>	7 Amount of contribution (S) <u>\$100</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City State Zip Code			

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# <u>Info. unavailable at this time and will be submitted on Correction Affidavit (COR-C/CH) as soon as it is available.</u>	7 Amount of contribution (S) <u>\$100</u>	8 In-kind contribution description (if applicable)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.