

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

9674

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (ELIZABETH)	FIRST LIZ	MI	Date Received	
	NICKNAME	LAST DONOGAN	SUFFIX	FILED FOR RECORD 2020 JUL -9 AM 8:11 DANA D. BEAUVOIR COUNTY CLERK TRAVIS COUNTY TEXAS	
4 ORIGINAL REPORT TYPE  C/OH	<input checked="" 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)	Date Hand-delivered: _____ Date Postmarked: _____		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	Receipt # _____ Amount \$ _____		
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	Date Processed: _____	
	07 / 01 / 19		12 / 31 / 19	Date Imaged: _____	

6 EXPLANATION OF CORRECTION  
 I CONTRIBUTED 2600.00 OF PERSONAL FUNDS TO THE CAMPAIGN THAT I DID NOT DOCUMENT PREVIOUSLY UNDER SCHEDULE G.

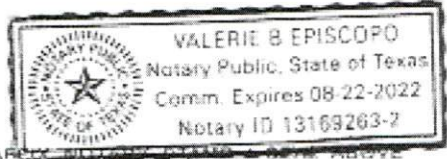
7 AFFIDAVIT

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

Check ONLY if applicable:

**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



*Liz Donagan*  
 Signature of Candidate / Officeholder

Sworn to and subscribed before me, by the said (Elizabeth) Liz Donagan, this the 8<sup>th</sup> day of July

20 20 to certify which, witness my hand and seal of office.

*Val* Signature of officer administering oath  
 Valerie B. Episcopo 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**