

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

9750

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>3</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	FILED FOR RECORD 2020 SEP 9 AM 9:44 DANA DEBEAUX OIR COUNTY CLERK TRAVIS COUNTY TEXAS Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____	
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 type="checkbox"/> 8th day before election	<input checked="" type="checkbox"/> Final report	_____		
	5 ORIGINAL PERIOD COVERED				
Month	Day	Year	Month	Day	Year
	02	24	20	THROUGH	07 / 14 / 20
6 EXPLANATION OF CORRECTION					Date Processed
ACT BNUC WAS OVER PAID, COTERK RE-ISSUED PER CORRECTED AMOUNT. REST OVER 213.19 PAID TO CONSULTANT					Date Imaged

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 Donegan
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Liz Donegan this the 5th day of September 2020 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**

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Undressing Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>ELIZABETH M. JONES</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8-27-20</i>	5 Payee name <i>ACT BLUE</i>	
6 Amount (\$) <i>4965.61</i>	7 Payee address: <i>366 SUMMER ST</i> City: State: Zip Code <i>SOMMERSVILLE MA 02144-3132</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>LOAN REPAYMENT / REIMBURS</i>	(b) Description <i>OVERPAID ACT BLUE</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>LIZ JONES</i>	Office sought <i>TRAVIS COUNTY SHERIFF</i>
Date <i>9-3-20</i>	Payee name <i>LIBERTY MADISON</i>	
Amount (\$) <i>213.19</i>	Payee address: <i>1401 LNACA ST #1</i> City: State: Zip Code <i>AUSTIN TX 78701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSE</i>	Description <i>REIMBURSEMENT FROM ACT BLUE PAID TO CONSULTANT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>LIZ JONES</i>	Office sought <i>TRAVIS COUNTY SHERIFF</i>
Date	Payee name	
Amount (\$)	Payee address: City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED