

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		<b>OFFICE USE ONLY</b>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>MR</u>	FIRST <u>George</u>	MI			Date Received <u>10/31/2023 received, 1/2/2024 revision received</u>	
	NICKNAME	LAST <u>Edwards</u>	SUFFIX <u>JR</u>			Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			<input type="checkbox"/> Final report Other (specify) _____	
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
9 / 29 / 23 THROUGH 10 / 28 / 23							

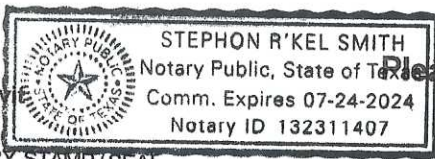
6 EXPLANATION OF CORRECTION  
see additional page

7 SIGNATURE 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.

George Edwards JR  
Signature of Candidate/Officeholder



(1) Affidavit  
NOTARY STAMP/SEAL

Please complete either option below:

Sworn to and subscribed before me by George Edwards JR this the 28th day of December, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Stephon Smith  
Printed name of officer administering oath: Stephon Smith  
Title of officer administering oath: Loan officer

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year)

Signature of Candidate/Officeholder (Declarant)

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

**CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICE  
HOLDER**

**BOX 6 EXPLANATION OF CORRECTION**

I am adding one Schedule A-2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS dated 10/28/2023. I learned of this contribution on December 26, 2023. Please grant a waiver of LATE FILING PENALTY. The original report was filed completely with all information timely received by the report due date of October 30, 2023. Local Filing Authority is closed for Winter Holiday December 22, 2023 through January 4, 2024.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1**

2 FILER NAME  
**George Edwards Jr**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$ 2,500.00**

5 Date  
**10/28/2023**

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

**CyFair 4 Liberty PAC**

7 Contributor address; City; State; Zip Code

**20715 Orange Poppy Dr Cypress, TX 77433**

8 Amount of Contribution \$  
**2,500.00**

9 In-kind contribution description  
**advertising**

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.