

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		Date Received		
	MRS ANGELIA E NICKNAME LAST SUFFIX PELHAM		RECEIVED MAY 30 2023 8:34 AM A-C		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election Other (specify) _____			Date Hand Delivered / Per Office	
				City Secretary's Office	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year			Receipt # Amount \$	
	03 / 23 / 21 THROUGH 04 / 21 / 21			Date Processed	
Date Imaged					

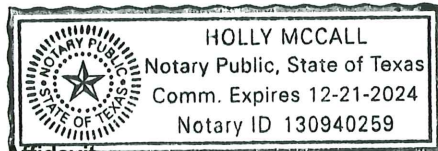
6 EXPLANATION OF CORRECTION

Failed to capture complete street addresses of donors or vendors. Attached are missing addresses.

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.



Angelia Pelham

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angelia Pelham this the 30th day of May, 2023, to certify which, witness my hand and seal of office.

Holly McCall Holly McCall public notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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 A1: 39
2 FILER NAME Angelia Pelham		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2021	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Williams 6 Contributor address; City; State; Zip Code 6873 MASSA LN FRISCO TX 75034	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2021	Full name of contributor out-of-state PAC (ID#: _____) William Langford Contributor address; City; State; Zip Code 4171 Fairbanks Drive Frisco TX 75033	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Stacy Gale-Levin Contributor address; City; State; Zip Code 12782 Walham Dr Frisco Tx 75035	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/10/2021	Full name of contributor out-of-state PAC (ID#: _____) Nikki Harper Contributor address; City; State; Zip Code 6009 W PARKER RD. #149-271 Plano TX 75093	Amount of contribution (\$) 50.00
Principal occupation / 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 for additional reporting requirements.		