

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>2</u>		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	
	NICKNAME	LAST	SUFFIX	Date Handled	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15			RECEIVED 06:37 MAR 07 2024	
	<input type="checkbox"/> July 15			Date Handled	
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election			Receipt #	
	<input type="checkbox"/> 8th day before election			Amount \$	
Month Day Year			Date Processed		
07 / 01 / 23 THROUGH 12 / 31 / 23			Date Imaged		

## 6 EXPLANATION OF CORRECTION

NEGLECTED TO INCLUDE IN-KIND AMOUNT IN TOTAL CONT.

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

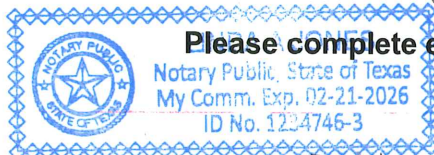
Check ONLY if applicable:

- ☐ 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 6th day of March, 2024, to certify which, witness my hand and seal of office.

Linda A. Jones Linda A. Jones Notary Public  
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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Angelia Pelham

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8630.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3075.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST-DAY OF REPORTING PERIOD	\$ 1626.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

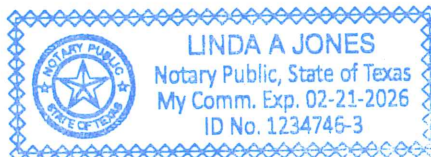
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Angelia Pelham*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angelia Pelham this the 6 day of March, 2024, to certify which, witness my hand and seal of office.

*Linda A. Jones*  
Signature of officer administering oath

Linda A. Jones  
Printed name of officer administering oath

*Notary Public*  
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)