**Correction/Ammendment Affidavit for Candidate/Officeholder**

**Form COR-C/OH**

1. **Filer ID (Ethics Commission Filers)**  
2. **Total pages filed:** 1

3. **Candidate/Officeholder Name**  
   - **First Name:** Margaret R.  
   - **Last Name:** Jones-Johnson  
   - **Suffix:**

4. **Original Report Type**  
   - [ ] January 15  
   - [x] July 15  
   - [ ] 30th day before election  
   - [ ] Runoff  
   - [ ] Exceeded modified reporting limit  
   - [ ] Final report  
   - [ ] 15th day after treasurer appointment (officeholder only)  
   - [ ] Other (specify):

5. **Original Period Covered**  
   - **Month:** 01  
   - **Day:** 01  
   - **Year:** 2021  
   - **Through:**
   - **Month:** 06  
   - **Day:** 30  
   - **Year:** 2021

6. **Explanation of Correction**  
Page 1 of Schedule G, date 3/27/2021 in the amount of $150.00 was not campaign expenditures and should not have been recorded as such; the expenditure was not a campaign expenditure and made from personal funds. There is no intention to seek reimbursement for the expenditure from political contributions.

7. **Signature**  
   - I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
   - Check ONLY if applicable:
     - [x] 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.

   __________________________________________________________________________
   
   Signature of Candidate/Officeholder

   Please complete either option below:

   (1) Affidavit

   NOTARY STAMP / SEAL

   Sworn to and subscribed before me by ____________________________ this the ______ day of ______, 20_________, to certify which, witness my hand and seal of office.

   Signature of officer administering oath

   Printed name of officer administering oath

   Title of officer administering oath

   OR

   (2) Unsworn Declaration

   My name is ____________________________  
   My address is ____________________________________________________________  
   Executed in ____________________________, County, State of ____________ on the ______ day of ______, 20_________.

   Signature of Candidate/Officeholder (Declarant)

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