

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICIAL ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr.</u>	FIRST <u>ROBERT</u>	MI <u>0</u>	Date Received <u>2:40</u>	FILED Jan 17 LIVE OAK COUNTY, TEXAS DENNA M. VANWALLEN CLERK, COUNTY COURTS BRANSON VAN HAY 2:40 O'CLOCK PM A.D. 2023 84	
	NICKNAME <u>MCWILLIAMS</u>			LAST <u>MCWILLIAMS</u>		SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" 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		Other (specify)		
<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #		
<input type="checkbox"/> 8th day before election		Date Processed				
5 ORIGINAL PERIOD COVERED		Date Image				
Month Day Year		Month Day Year				
<u>10 / 27 / 23</u>		THROUGH <u>12 / 31 / 23</u>				

6 EXPLANATION OF CORRECTION  
SCHEDULE A1 IS ATTACHED TO EXPLAIN THE \$750.00 CAMPAIGN EXPENSES FROM PERSONAL FUNDS USED TO PAY THE FILING FEE.

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.  
Robert McWilliams  
 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 Robert McWilliams, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, USA

(street)      (city)      (state)      (zip code)      (country)

Executed in Live Oak County, State of Texas, on the 17<sup>th</sup> day of January, 2023.

(month)      (year)

Robert McWilliams  
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:
2 FILER NAME <b>Robert McWilliams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/06/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Robert McWilliams</b>	7 Amount of contribution (\$)  <b>750.00</b>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Schneider &amp; McWilliams, P.C.</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.