

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 2		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Ms. Amy Flores			
		NICKNAME LAST SUFFIX Hinojosa		2025 APR 25 DATE RECEIVED	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 ajh <input type="checkbox"/> 30th day before election <input 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 11 / 14 / 25 THROUGH 1 / 6 / 25		Date Hand-delivered or Date Postmarked	
				Receipt # Amount \$	
				Date Processed APR 11 26	
				Date Imaged	

6 EXPLANATION OF CORRECTION
 I forgot to itemize a check for \$300 in the A1 forms. Total contributions were still accounted for correctly on cloH pg 2 and pg 3.

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.

ajh
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Amy Hinojosa this the 26th day of April, 2025, to certify which, witness my hand and seal of office.
Ashley Vincent 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

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: 1 of 1
2 FILER NAME Amy Hinojosa		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claudia Alanis Harris	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 2606 Madeline Grove Dr. Houston TX 77008		
8 Principal occupation / Job title (See Instructions) Engineering		9 Employer (See Instructions) Entech Civil Engineers
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.