

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR NICKNAME			
		FIRST Eddilisa		MI	
		LAST Saldivar		SUFFIX	
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report	
5 ORIGINAL PERIOD COVERED		Month Day Year 1 / 1 / 2020 THROUGH 1 / 15 / 2020		Date Hand delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	

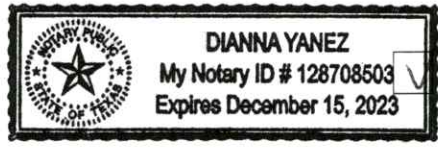
**RECEIVED**  
JAN 21 2020  
BY: [Signature]

6 EXPLANATION OF CORRECTION  
Entered "payee information" as filer information.

7 AFFIDAVIT  
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.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eddilisa Saldivar, this the 21 day of January, 2020, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Dianna Yanez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Eddilisa Saldivar</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/5/2020</i>	5 Payee name <i>Vista Print</i>
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6 Amount (\$) <i>268.77</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>275 Nymas st.</i>	City: <i>Waltham, MA</i>	State: <i>MA</i>	Zip Code: <i>02451-1200</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description <i>door hangers / buisness cards</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Eddilisa Saldivar</i>	Office sought <i>Ho. Co. Commissioner Pet 1.</i>	Office held
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Date <i>1/7/2020</i>	Payee name <i>Signs of The Cheap</i>
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Amount (\$) <i>1,434.05</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>11525A Stonehollow Dr. Suite 100</i>	City: <i>Austin, TX</i>	State: <i>TX</i>	Zip Code: <i>78758</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RECEIVED

JAN 21 2020  
Revised 9/26/2019  
BY: *[Signature]*