

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 4		OFFICE USE ONLY 2015 MAY 12 PM 4:30 CITY CLERK RECEIVED CITY OF SAN ANTONIO	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Mrs. Ivy R. NICKNAME LAST SUFFIX Taylor			
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit 3rd Day before May 2015 Election <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Hand-delivered or Date Postmarked	
5 ORIGINAL PERIOD COVERED		Month Day Year Month Day Year 4 / 30 / 2015 THROUGH 5 / 5 / 2015		Receipt # Amount \$	
				Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION
 Following an internal review of the 3rd Day before May 2015 Election, two administrative errors require correction. Neither represents a change in the cash reported, but are matters of attribution or reattribution. Please see additional page.

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Ivy R. Taylor
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ivy R. Taylor, this the 12th day of May.

20 16, to certify which, witness my hand and seal of office.

Leticia Vacek Leticia Vacek City Clerk
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

6. EXPLANATION OF CORRECTION (CONTINUED)

(1) On page 8, a \$1000 contribution dated 4/30/2015 from Eugene Dawson III, 16206 ROBINWOOD LN, SAN ANTONIO, TX 78246 was mistakenly attributed to Eugene Dawson, Jr., 208 N. TOWER DRIVE, SAN ANTONIO, TX 78232

(2) On page 7, a 5/4 contribution of \$500 assigned to Johnny Stevens of 8120 KILLARNEY COURT, WICHITA, KS 67206 should have been reattributed to his spouse, Marjorie Stevens of 8120 KILLARNEY COURT, WICHITA, KS 67206.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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 2015 MAY 12 PM 4:30

The **INSTRUCTION GUIDE** explains how to complete this form. 1 Total pages Schedule A:
6 of 6

2 **FILER NAME**
Mrs Ivy R Taylor Candidate 3 **ACCOUNT #** (Ethics Commission files)

4 Date 5/4/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) IBC State Political Action Committee	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 130 E TRAVIS SAN ANTONIO, TX 78205		(If travel outside of Texas, complete Schedule T)	

9 **Principal occupation / Job title (See Instructions)** 10 **Employer (See Instructions)**

Date 5/4/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr MEHMOOD KHON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7106 HOUIGHEN SAN ANTONIO, TX 78277		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 5/4/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms LESLIE E NORTON	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28127 RALPH FAIR ROAD FAIR OAKS RANCH, TX 78015		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr EUGENE DAWSON H	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 N TOWER DRIVE SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	

5/B 16206 Robinson Ln San Antonio, TX 78232

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/30/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr JOHN HOLCOMB R	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24348 CHERRY SPRING SAN ANTONIO, TX 78255		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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CLERK

The INSTRUCTION GUIDE explains how to complete this form. **1 Total pages Schedule A:**
5 of 6

2 FILER NAME
Mrs Ivy R Taylor Candidate **3 ACCOUNT # (Ethics Commission Use)**

4 Date 5/4/2015 **5 Full name of contributor** out-of-state PAC (ID#) Ms CHARLES E RAY Sr
6 Contributor address: City: State: Zip Code
671 CRESTWAY DR
SAN ANTONIO, TX 78209
7 Amount of contribution (\$) 250.00 **8 In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions) **10 Employer (See Instructions)**

SB **Date** 5/4/2015 **Full name of contributor** out-of-state PAC (ID#) Mr MARJORIE STEVENS
Contributor address: City: State: Zip Code
8120 KILLARNEY COURT
WICHITA, KS 67206
Amount of contribution (\$) 500.00 **In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 5/4/2015 **Full name of contributor** out-of-state PAC (ID#) Mr JOHNNY STEVENS
Contributor address: City: State: Zip Code
8120 KILLARNEY COURT
WICHITA, KS 67206
Amount of contribution (\$) 500.00 **In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 5/4/2015 **Full name of contributor** out-of-state PAC (ID#) Mr RONALD R STINSON
Contributor address: City: State: Zip Code
715 EAST CALVERT
KARNES CITY, TX 78118
Amount of contribution (\$) 200.00 **In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

Date 5/4/2015 **Full name of contributor** out-of-state PAC (ID#) STEVEN A WATERS
Contributor address: City: State: Zip Code
733 PATTERSON AVE
SAN ANTONIO, TX 78209
Amount of contribution (\$) 1000.00 **In-kind contribution description (if applicable)**
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

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