

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 3		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received <b>2016 MAY 12 PM 2:20</b> CITY CLERK RECEIVED CITY OF SAN ANTONIO		
	Mrs.	Ivy	R.			
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked		
		Taylor		Receipt #	Amount	
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	8th 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 Processed					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	3	31	2015	THROUGH	4	29
Date Imaged						

6 EXPLANATION OF CORRECTION

Following an internal review of the 8th Day before May 2015 Election, two administrative errors require correction. Neither represents a change in the cash reported, but are matters of 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.



AFFIDAVITARY 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 12<sup>th</sup> day of May.

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

Leticia Vacek  
Signature of officer administering oath

Leticia Vacek  
Printed name of officer administering oath

City Clerk  
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 34 of Schedule A, a \$2000 contribution dated 4/29/2015 from Mr. W.T. Field should have had \$1000 attributed to Mr. Field and \$1000 attributed to Mrs. Field, both of 6306 Lupton Drive, Dallas, TX 75225.**

**(2) On page 34 of Schedule A, a 4/29 contribution of \$1000 assigned to Wayne Harwell, PO Box 17065, San Antonio, TX 78217 should have been reattributed to his spouse, Cindy Harwell at the same address.**

RECEIVED  
CITY OF SAN ANTONIO  
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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

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The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A:  
34 of 38

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

4 Date 4/29/2015	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CARA TACKETT	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code  1202 WALKERS WAY SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	

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

Date 4/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NHOME, LLC	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  18402 US HWY 281 N, Apt/Suite: 201 SAN ANTONIO, TX 78259		(If travel outside of Texas, complete Schedule T)	

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

Date 4/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr W T FIELD	Amount of contribution (\$) 2000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  6306 LUPTON DRIVE DALLAS, TX 75225		(If travel outside of Texas, complete Schedule T)	

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

Date 4/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ms SUSAN WRIGHT	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  15303 Artesian Oaks St SAN ANTONIO, TX 78232-		(If travel outside of Texas, complete Schedule T)	

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

Date 4/29/2015	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr WAYNE HARWELL <i>S/B. Andy Harwell</i>	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code  PO Box 17065 SAN ANTONIO, TX 78217		(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.