

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 1		OFFICE USE ONLY RECEIVED	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST James		
		NICKNAME	LAST Pierson	SUFFIX	Date Received APR 12 2019 3:39pm Town of Flower Mound Town Secretary's Office
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		Date Hand-delivered or Date Postmarked
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Receipt #
		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report		Amount \$
5 ORIGINAL PERIOD COVERED		Month 2	Day 7	Year 2019	THROUGH
		Month 4	Day 4	Year 2019	Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

Schedule A1 error: Reported a \$20.00 contribution on 2/25/2019 as Anonymous - Pay Pal. The contribution was in fact from Aricia Blasko, 1720 Milford Dr., Flower Mound, Tx 75028

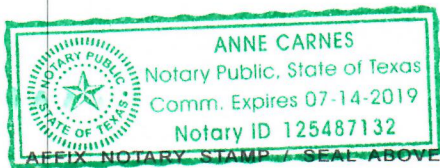
7 AFFIDAVIT

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.



James Pierson
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said JIM PIERSON, this the 12 day of APRIL

2019, to certify which, witness my hand and seal of office.

Anne Carnes ANNE CARNES NOTARY PUBLIC
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**