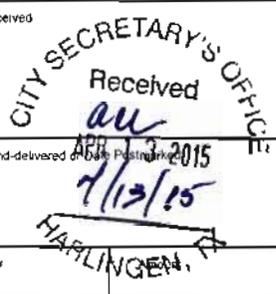


FORM COR-C/OH

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # 00000001	2 PAGE # 1 of 15
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Victor	MI	OFFICE USE ONLY Date Received 
NICKNAME	LAST Leal	SUFFIX	Date Hand-delivered to Public Postmarking	
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	Receipt #	
5 ORIGINAL PERIOD COVERED	<input checked="" 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	Legal Totals	Date Processed
Month Day Year Month Day Year	01/01/2015 THROUGH 04/09/2015		Date Imaged	

6 EXPLANATION OF CORRECTION
 Incorrect ending Date was 04/09/2015 should be 03/31/2015 [2015 Uniform Election Dates p2]

7 AFFIDAVIT

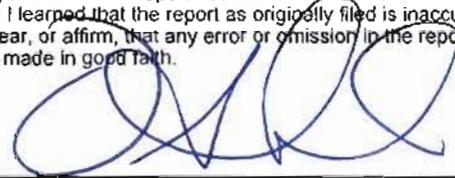
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, 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 (excluding semiannual 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

Sworn to and subscribed before me by Victor Leal this the 13 day of April, 20 15.

Amanda C. Elizondo Amanda C. Elizondo City Secy
 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**