

FORM COR-C/OH

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT #		2 Total pages filed: 3		SECRETARY'S OFFICE Date Received <b>Received</b> <b>MAY 14 2013</b> <i>all</i> <b>FARLINGEN, TX</b> Date Hand-delivered or Postmarked Receipt #      Amount Date Processed Date Imaged
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Christopher MI H. LAST Boswell NICKNAME Chris SUFFIX			
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 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
5 ORIGINAL PERIOD COVERED	Month Day Year 04 / 02 / 13 THROUGH Month Day Year 05 / 03 / 13			

6 EXPLANATION OF CORRECTION

There are two (2) typographical errors regarding names of contributors. They are as follows:  
 Joy Burns not Joe Burns and  
 Gary Knight not Gary Martin.

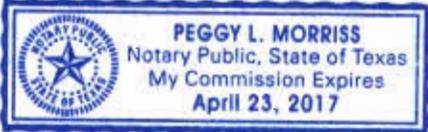
7 AFFIDAVIT

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 semiannual 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 due on or after September 1, 2011):** 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 of Candidate or Officeholder: *CH Boswell*

Sworn to and subscribed before me, by the said Christopher H. Boswell, this the 14th day of May, 2013, to certify which, witness my hand and seal of office

*Peggy L. Morriss*      Peggy L. Morriss      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**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2	
2 FILER NAME Christopher Boswell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/08/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quisenberry, Greg & Judy 6 Contributor address; City; State; Zip Code 22220 Stuart Place Rd. Harlingen, TX 78552	7 Amount of contribution (\$) \$200.00  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/08/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Joy R. & Bill Contributor address; City; State; Zip Code 1024 N. Sunshine Strip Harlingen, TX 78550	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/07/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matz, Georgiana M. Contributor address; City; State; Zip Code 900 Palm Valley Drive West Harlingen, TX 78552	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/09/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoehne, Daniel & Susan Contributor address; City; State; Zip Code 930 Ebony Drive Harlingen, TX 78550	Amount of contribution (\$) \$50.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/09/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Quentin N. & Eileen K. Contributor address; City; State; Zip Code 14823 S. Valencia Circle Harlingen, TX 78552	Amount of contribution (\$) \$100.00  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <p style="text-align: center;">2</p>	
2 FILER NAME <p style="text-align: center;">Christopher Boswell</p>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 04/16/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knight, Mr. & Mrs. Bob 6 Contributor address; City; State; Zip Code 1629 Throckmorton St. Harlingen, TX 78550	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 04/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Martin, Jr., Mary Ann & Louis F. Contributor address; City; State; Zip Code 1821 Mockingbird Lane Halringen, TX 78550	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/16/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Knight, Gary A. Contributor address; City; State; Zip Code 806 Morgan Blvd., Ste. A Harlingen, TX 78550	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Simmons, Sam & Susan Contributor address; City; State; Zip Code 3125 Clifford Dr. Harlingen, TX 78550	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/15/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Phillips, Jr., Ann K. & John F. Contributor address; City; State; Zip Code 222 E. Austin Ave. Harlingen, TX 78550	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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