

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00058333		2 PAGE # 1 of 6		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Cynthia N.	MI	OFFICE USE ONLY
	NICKNAME	LAST Dunbar	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____			Date Hand-delivered or Date Postmarked
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit			
5 ORIGINAL PERIOD COVERED	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			Receipt # Amount
	<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report			Legal Totals
6 EXPLANATION OF CORRECTION				
Upon speaking with counsel for the TEC learned that I do not have to report general credit card payments where the amounts on the card have previously been reported. The amounts reported instead are merely interest and fees that had accrued during this reporting period.				
7 AFFIDAVIT				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.</p> <p>Check ONLY if applicable:</p> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="margin-left: 5px;"> 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. </div> </div> </div> <div style="width: 50%;"> <p style="text-align: center;">Cynthia Dunbar</p> <p style="text-align: center;">_____ Signature of Candidate or Officeholder</p> </div> </div>				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.				
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>				
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00058333

2 PAGE #
2 of 6

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR FIRST MI
The Honorable Cynthia N.
.....
NICKNAME LAST SUFFIX
Dunbar

OFFICE USE ONLY

Date Received

**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
22123 Skyridge Ln.
Richmond, TX 77469

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt #

Amount

**5 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR FIRST MI
Mr. Mike
.....
NICKNAME LAST SUFFIX
Richards

Date Processed

Date Imaged

**6 CAMPAIGN
TREASURER
ADDRESS**
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
11767 Katy Freeway Ste. 205
Houston, TX 77079

**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE PHONE NUMBER EXTENSION
(281) 556-8880

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer
appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month Day Year THROUGH Month Day Year
01/01/2008 06/30/2008

10 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)
State Board of Education District
10

12 OFFICE SOUGHT (if known)

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Dunbar, Cynthia N. (The Honorable)**15 ACCOUNT #** (Ethics Commission filers)
00058333**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

7,500.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$

716.09

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

6,783.91

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Cynthia Dunbar

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Print name of officer administering oath_____
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 1/1 Report: 4/6**2** FILER NAME Dunbar, Cynthia N. (The Honorable)**3** ACCOUNT # (Ethics Commission filers)
00058333**4** Date

02/13/2008**5** Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Builds Jobs and Opportunity For A Secure Future**6** Contributor address; City; State; Zip Code
Austin, TX 78701**7** Amount of
contribution (\$) \$5,000.00**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)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Builds Jobs and Opportunity For A Secure Future

05/15/2008

Contributor address; City; State; Zip Code
Austin, TX 78701Amount of
contribution (\$) \$2,500.00In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 1/2 Report: 5/6**2** FILER NAME Dunbar, Cynthia N. (The Honorable)**3** ACCOUNT # (Ethics Commission filers)
00058333

4 Date 01/22/2008	5 Payee name Chase Credit Card Services 6 Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	7 Amount (\$) \$128.76
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8 Purpose of payment (See instructions regarding type of information required.)
interest and fees**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/22/2008	Payee name Chase Credit Card Services Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	Amount (\$) \$124.90
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Purpose of payment (See instructions regarding type of information required.)
interest and fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 03/22/2008	Payee name Chase Credit Card Services Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	Amount (\$) \$121.60
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Purpose of payment (See instructions regarding type of information required.)
interest** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 04/22/2008	Payee name Chase Credit Card Services Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	Amount (\$) \$115.88
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Purpose of payment (See instructions regarding type of information required.)
interest and fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 6/6

2 FILER NAME Dunbar, Cynthia N. (The Honorable)

3 ACCOUNT # (Ethics Commission filers)
00058333

4 Date 05/22/2008	5 Payee name Chase Credit Card Services 6 Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	7 Amount (\$) \$113.42
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8 Purpose of payment (See instructions regarding type of information required.)
interest and fees

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T) ☐

Office sought:
Office held:

Date 06/22/2008	Payee name Chase Credit Card Services Payee address; City; State; Zip Code P.O. Box 94014 Palatine, IL 60094-4014	Amount (\$) \$111.53
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Purpose of payment (See instructions regarding type of information required.)
interest and fees

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T) ☐

Office sought:
Office held: