

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

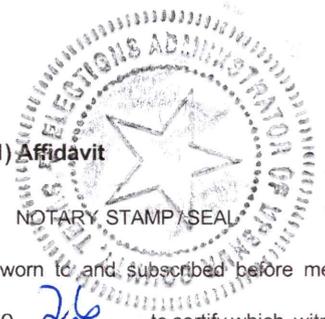
FORM COR-C/OH

1

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>1</u>		<b>OFFICE USE ONLY</b> FILED FOR RECORD UPSHUR COUNTY, TEXAS Date Received <b>FEB 27 2026</b> LORY HARLE ELECTIONS ADMINISTRATOR Date Hand-Delivered in Date Postmarked BY <u>WA</u> DEPUTY Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify) _____	
	<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			
5 ORIGINAL PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	

6 EXPLANATION OF CORRECTION  
secretary filled out her name instead of WALLS.

7 SIGNATURE 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.  
Andy Marie Walls  
 Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit  
 Sworn to and subscribed before me by Andy Walls this the 27<sup>th</sup> day of Feb., 2026, to certify which, witness my hand and seal of office.  
Lory Harle EA  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR  
 (2) Unsworn Declaration  
 My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections