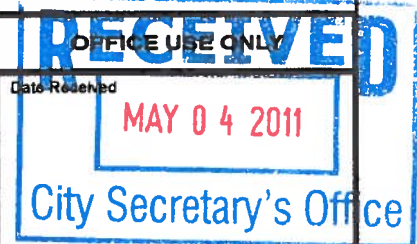


FORM COR-C/OH

## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT # \_\_\_\_\_ 2 Total pages filed: 3

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR \_\_\_\_\_ FIRST Julie MI \_\_\_\_\_  
 NICKNAME \_\_\_\_\_ LAST GRANT SUFFIX D.B.



4 ORIGINAL REPORT TYPE  
 January 15  Runoff  Other (specify) \_\_\_\_\_  
 July 15  Exceeded \$500 limit \_\_\_\_\_  
 30th day before election  15th day after treasurer appointment (officeholder only)  
 8th day before election  Final report

Date Hand-delivered or Postmarked  
HD 5/4/11 KH 4 pm  
 Receipt # \_\_\_\_\_ Amount \_\_\_\_\_  
 Date Processed 5/5/11 by [signature]  
 Date Imaged \_\_\_\_\_

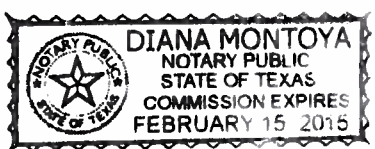
5 ORIGINAL PERIOD COVERED  
 Month Day Year Month Day Year  
2 / 14 / 2011 THROUGH 4 / 13 / 2011

6 EXPLANATION OF CORRECTION  
 Zeros placed on lines 1, 3 & 5 on form C/OH cover sheet pg 2.  
 Maturity dates added to lines 11 on Schedule E.  
 Zero added to line 4, schedule E.  
 Above locations were left blank on original filings. No significant or material changes.

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

Check ONLY if applicable:

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.



Julie D. Grant  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Julie D. Grant this the 4<sup>th</sup> day of May

20 11 to certify which, witness my hand and seal of office.

Diana Montoya Diana Montoya Notary  
 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**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

*Julie D. B. Grant*

16 ACCOUNT # (Ethics Commission Filers)

17 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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS

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

\$ *0*

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

\$ *760.00*

EXPENDITURE TOTALS

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

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *2,193.13*

CONTRIBUTION BALANCE

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

\$ *0*

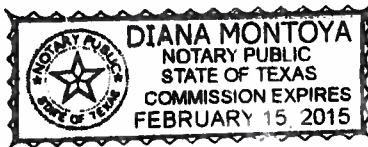
OUTSTANDING LOAN TOTALS

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

\$ *2,100.00*

19 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.



*Julie D B Grant*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Julie D Grant*, this the *4th* day of *May*, 20 *11*, to certify which, witness my hand and seal of office.

*Diana Montoya*  
Signature of officer administering oath

*Diana Montoya*  
Printed name of officer administering oath

*notary*  
Title of officer administering oath

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Julie D.B. Grant

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

Ø

5 Date of loan

3/14/11

7 Name of lender

Julie D.B. Grant

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

\$1,600.00

6 Is lender a financial institution?

Y (N)

8 Lender address; City; State; Zip Code

2026 Durham Irving TX 75062

10 Interest rate

Ø

11 Maturity date

5-15-11

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

not applicable

17 Guarantor address; City; State; Zip Code

19 Principal Occupation (See Instructions)

20 Employer (See Instructions)

Date of loan

2/23/11

Name of lender

Julie D.B. Grant

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

\$500.00

Is lender a financial institution?

Y (N)

Lender address; City; State; Zip Code

2026 Durham Irving TX 75062

Interest rate

Ø

Maturity date

5-15-11

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.