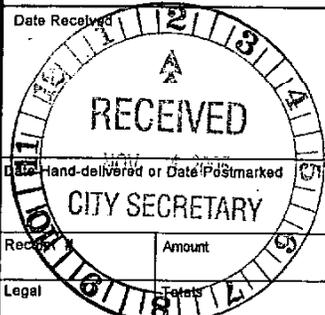


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <i>1 of 2</i>		OFFICE USE ONLY				
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"/> Other (specify)		Date Hand-delivered or Date Postmarked				
		<input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit		Receipt Amount				
		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Legal Fees				
		<input type="checkbox"/> 8th day before election <input type="checkbox"/> Final report		Date Processed				
5 ORIGINAL PERIOD COVERED		Month	Day	Year	Month	Day	Year	
		<i>9</i>	<i>29</i>	<i>05</i>	THROUGH	<i>10</i>	<i>30</i>	<i>05</i>
6 EXPLANATION OF CORRECTION								
<p><i>1. Clerical ERROR - IN-kind contributor's Name shown INCORRECTLY.</i></p>								

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by Robin German Curtis this the 3 day of November, 2005.

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

[Signature]
Signature of officer administering oath

Melinda M. Dightman
Printed name of officer administering oath

Notary
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: <i>2 of 2 (A-1)</i>	
2 FILER NAME <i>Robin German-Curtis</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R. Malanson</i>	7 Amount of contribution (\$) <i>1,700⁰⁰</i>	8 In-kind contribution description (if applicable) <i>IN-kind</i>
6 Contributor address; City; State; Zip Code <i>[Redacted] Houston, Tx</i>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.